# PRIVATE PASSENGER APPLICATION CALIFORNIA AUTOMOBILE ASSIGNED RISK PLAN

neer sommet. OA-11-07908

# **IMPORTANT NOTICE**

Deletions

This policy is not effective until your application is electronically transmitted to the Plan by your agent or broker. The following conditions must also be met: (1) Both you and your agent or broker must sign and date a properly completed application. (2) Your agent or broker must mall your application to the Plan within two days of its completion. You may request that your agent or broker transmit the documents in your presence to ensure immediate coverage, provided the above requirements are met. If the above requirements are not met, your coverage will take effect the day after the Plan office receives your application. You may request that your agent or broker notify you when coverage is effective.

broker notify							aht	nicatic	)II. I	Ou may re	State Zip Code  ny other drivers.)    State   Zip Code   Driver's   Licensed 3 Yea     If 'No", give de   Issued     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Ted   State   Zip Code   Imployer's Name	ir agent or	
SECTION 1. PROD	UCER OF RECO	ORD				<del></del>	<del></del>						
Producer Last Nam	e/Agency Namë		: :		•		Pro	ducer Fir	st Nan	ne		***************************************	MI
DBA Name		<del></del>			<del></del>							<del></del>	
Malling Address							Suit	te No.	City:			State	Zip Code
Tax ID or Social Sec	curity No.	-11	Produc	cer Lic	ense N	lo.	Tele	ephone N	lo.		Fax No	 is	
SECTION 2. SIGNII	NG PRODUCER	Cı	omple	te if p	roduce	r comple	eting/s	signing t	his ap	plication diffe	rs from th	ne Produce	er of Record.
Last Name			First	Name	!				MI	Producer Lic	ense No.		
SECTION 3. APPLI	CANT								<u></u>		<del></del>		
Last Name			First	Name	<del></del>			•	Mi	Home Teleph	none No.	Business	s Telephone No
Street Address					. ,	Apt. N	Yo	City	1			State	Zip Code
Mailing Address (if d	ifferent from Stre	et Add	iress)			Apt. N	√o.	City	<del></del>			State	Zip Code
SECTION 4. OPERA	TOR INFORMA	TION		(L	ist all	operato	ors in	housel	hold a	ind any othe	r drivers	1.)	
Applicant's former ac	idresses (past 3	years)											
Street Address								City		-		State	Zlp Code
Applicant and other Drivers	Relationship to Applicant			for Eachicle	ch V4	Birth MM/DD	Dafa Dafa	Sex	MS	License		e i lf'N	lo" , give date
APPLICANT	APPLICANT		1.5.	<del>  ``</del>	-		<del></del>	+			_	☐ Yes	□ No
								<del>                                     </del>				☐ Yes	· D No
		أ			l	<u> </u>						□ Yes	□ No
*MS Marital Status: S		∍d, DP				· · · · · · · · · · · · · · · · · · ·	ved, D	-Divorce	d, P-S	<u> </u>		-	
Applicant's Occupation	in .			lature	of Busi	iness				Employer	s Name		
Street Address									Cl	ty		State .	Zip Code
Other Driver's Occupa	ation		Na	ature o	f Busin	iess				Employer	s Name		<u></u>
Street Address									Cit	•			Zip Code
	•					ney or	der	and re	quir	ed attachn	nents t	o:	
California Auton P.O. Box 7917	•		₹isk.	Plan							· ·		
San Francisco, (	CA 94120-7	917											

Year			TION AND VEHICLE US						
i rear	Make		Model	, , , , , , , , , , , , , , , , , , , ,	Body S	ityle		H.P./C	cu. In.CC
Vehicle Identifica	tion No.	·····	<del></del>	Registered Ov	vner's Last N	ame	First N	√ame	
Purchased Mo, Y	r. ON		W Damaged* □ Yes □ N	Altered*	Damaged		* If ye	s, detail ir	n Remarks Sect
☐ Pleasure ☐T ☐ Business . ☐C **Applicable only for commercial pu	ommercial D	Farm	cipal Address of Garaging			Miles on school o			Est. Annual Milea
Applicant address	as it appears o	n registration,	f different from Section 3	State Registe	red in Ra	ating Band	I R	ate Class	Penalty Po
SECTION 5. VEHI	CLE 2-VEHIC	LE INFORMA	TION AND VEHICLE USE						
. Yевг	Make		Mödel	· · · · · · · · · · · · · · · · · · ·	Body St	tyle		H.P:/Ci	v. In.GG
Vehicle Identificat	on No.		<del></del>	Registered Ow	ner's Last Na	ime	First: N	ame.	
Purchased Mo. Yr	. □ Ne		w Damaged* ☐ Yes ☐ No	Altered*	Damaged D Yes D		" II yes	, delail in	Remarks Sect
□ Pleasure □To □ Business □Co □ Applicable only ( •for commercial pur	mmercial** 🔲	Rami	lpal Address of Garaging	- Landing aller and a second		Miles one school or			Est. Annual Miles
Applicant address	as it appears or	registration; it	different from Section 3.	State Register	ed In Ra	ting Band	Ra	te Class	Penalty Po
									1
SECTION 5. VEHIC	CLE 3 - VEHICI	E INFORMAT	ION AND VEHICLE USE	:	<del></del>		<del> </del>	<u> </u>	,
Year	Make	E INFORMAT	ION AND VEHICLE USE Model		Body Sty	/le		H.P./Cu	i. In.CC
	Make	E INFORMAT		Registered Own			First Na		ı. In.CC
Year	Make on No.	v   Cost New	Model	Registered Own	ner's Lasi Na Damaged (	me Slass*	W. a.t	ame	i. In.CC
Year  Vehicle identification  Purchased Mo. Yr,  □ Pleasure □To □ Business □Cor  "*Applicable only for	Make On No.  Di Nev Di Use Work/To School nimercial** Dif	v Cost New	Model	Registered Own	Damaged (	me Slass*	* If yes,	ame detail in l	Remarks Secti Est.
Year  Vehicle identification  Purchased Mo. Yr.  □ Pleasure □To □ Business □Cor  **Applicable only for commercial purple on the purple of the	Make on No.  Di Nev Use Work/To School nmercial** Di r motorcycles u coses.  Is it appears on	Cost New Principal Principal Princip	Model  Damaged* 可Yes。可No pal Address of Garaging  different from Section 3.	Registered Own	Damaged (	me Slass* No Miles one	* If yes, way to transpo	ame detail in l	Remarks Secti Est. Annual Milea
Year  Vehicle identification  Purchased Mo. Yr.  □ Pleasure □ To □ Business □ Cor "*Applicable only for commercial purp  Applicant address a	Make on No.  Di Nev Use Work/To School nmercial** Di r motorcycles u coses.  Is it appears on	Cost New Principal Principal Princip	Model / Damaged* D Yes 員 No pal Address of Garaging	Registered Own	Damaged (	Me Slass* No Miles one school or	* If yes, way to transpo	detail in i	Remarks Secti Est. Annual Milea Penalty Poi
Year  Vehicle identification  Purchased Mo. Yr.  □ Pleasure □To □ Business □Cor **Applicable only for commercial purp Applicant address a	Make on No.  Dise Work/To School mmercial** Dise remotorcycles u poses. as it appears on LE 4 - VEHICL Make	Cost New Principal Principal Princip	Model  Damaged* Damaged* No N	Registered Own	Damaged (Di Yes Di Rat	Me Slass* No Miles one school or ing Band	* If yes, way to transpo	detail in detail	Remarks Sect Est. Annual Milea Penalty Po
Year  Vehicle identification  Purchased Mo. Yr.  □ Pleasure □ To □ Business □ Cor "*Applicable only for for commercial purplicant address and the second se	Make on No.  Discontinuous No.  Work/To School mercial** Discontinuous No.  It appears on  LE 4 - VEHICL Make n No.	Cost New Principal Princip	Model  Damaged* Damaged* No Yes E No Pail Address of Garaging  different from Section 3.  ON AND VEHICLE USE  Model	Registered Own  Altered  Yes © No  State Registered  Registered Own	Damaged ( D Yes D  ad in Rat  Body Styler's Last Nan	Me Slass* No Miles one school or ling Band	* If yes, way to transpo  Ret	detail in detail	Remarks Secti Est. Annual Milea Penalty Poi
Year  Vehicle identification  Purchased Mo. Yr.  □ Pleasure □ To □ Business □ Cor **Applicable only for for commercial purp Applicant address a  SECTION 5. VEHIC Year  Vehicle identification  Purchased Mo. Yr.	Make on No.  I New Use Work/To School mercial** I F r motorcycles u ooses. si tappears on  LE4-VEHICL Make n No.	Cost New Principal Princip	Model  Damaged* D'Yes E No  pal Address of Garaging  different from Section 3.  ON AND VEHICLE USE  Model  Damaged* D'Yes D No	Registered Own Altered Ves © No State Registere	Damaged (Di Yes Di Rat	Miles one school or ling Band	* If yes, way to transpo  Ret	detail in detail	Remarks Secti Est. Annual Milea Penalty Poi
Year  Vehicle identification  Purchased Mo. Yr.  □ Pleasure □To□ Business □Cor  "Applicable only for commercial purplicant address and security of the commercial purplicant address and security o	Make  On No.  On No.	Cost New registration, if  Cost New Princip	Model  Damaged* Damaged* No Pail Address of Garaging  different from Section 3.  ON AND VEHICLE USE  Model	Registered Own  Altered*  No State Registered  Registered Own	Damaged ( D Yes D  Body Styler's Last Nan  Damaged G D Yes D	Miles one school or ling Band	* If yes, way to transpo	detail in le work, rtation e Class  H.P./Cu. me detail in F	Remarks Sect Est. Annual Milea Penalty Po

SECTION 6. COVERAGES (As	provided by the Rule	s of the	Plan.)	·		4	
Check appropriate boxes	s for coverages.			Vehicle 1 Premiums	Vehicle 2 Premiums	Vehicle 3 Premlums	Vehicle 4 Premiums
Bodily Injury Liability  \$15,000 Each Person/\$30,000 Each	h Accident						
Property Damage Liability  \$5,000 Each Accident				·			
Medical Payments Coverage (Optional)  51,000 – Maximum Amount (Exces	s Coverage)						
Uninsured Motorist (UM) — Bodily injury (  \$15,000 Each Person/\$30,000 Each							
Uninsured Molorist (UM) — Property Dame Each Accident (Maximum \$3,500)	age (Optional)						
Total Penalty Points Premium Surcharge.	(12 points max per veh	icle)					
Extended NonOwned Coverage (D.O.C.)	If needed complete Sec 25 for premium charge						
Einancial Responsibility Certificale.	Filing Fee (if no penalty	point surc	harges)				
Estimated Total Premium per vehicle				\$	\$	\$	\$
Total Estimated Premium for vehicles 1 -	<b>4</b> .			\$			
SECTION 6,a. EXTENDED NON OWNED	AUTO COVERAGE -	PERSONA	L AUTO C	OVERAGE	<del> </del>		
Is the Individual, spouse or resident individual, is the auto furnished to the Individual, spouse primary liability insurance in effect for the Name of Individual to be covered	use, or resident individua	al for their		? 🗀	Yes Di Yes Di Yes Di	Vo .	
SECTION 7. FINANCIAL RESPONSIBILI	ту	<del></del>					
Is applicant or other eligible operator resid	ing in the same househo	old require	d to file evid	lence of financia	l responsibility	? 🗆 Yes	□ No
if "Yes", complete the following:	License No.	Stata	vhere Filing	required		eason for Filing	
name	Ciocuae 1402	State v	vitere i illing	required		.casorrior rining	
	· · · · · · · · · · · · · · · · · · ·				<del></del>		<del></del>
	<del></del>		<del></del>	<del></del>	<del></del>		
Type of Filing	ration of owned vehicles	) 🗓 SR	22 Operator	rs (operation of	non-owned vel	nicies) 🗆	Both
SRIP Date of Accident	· · · · · · · · · · · · · · · · · · ·			. , ,			
	mplete If Application	n la Fay	- Non Ow	nas Dallass		<del></del>	
SECTION 8. NON-OWNER Co	☐ Private Passenge			☐ Taxi/Bus	☐ Other (c	lescribe)	
B: Will vehicle be operated in applicant's of C' is vehicle owned by applicant or member D: If answer to B or C is "Yes", give name of E is applicant excluded?	ccupation or business? er of household?	. 🗆 Yes Yes 🖽	□ No No				
( <u> </u>	ss Deposit Premium	Wrist Be	Submitte	d With Applic	ation		
Cu.	o Bopoorer Tormani	maje Bo		ney Order/Draft	<del></del>		
Option 1 - Full Annual Premium  Option 2 - Premium Deposit of \$125 with Single Bill Balance to	or 25%, whichever is gre	eater .		mated Premium		\$	· · ·
Option 3 - Installment Plan - Deposit		er is	Amount S	ubmitted with A	oplication:	<b>S</b> .	
greater plus 5 monthly pay charge.*	ments with \$4.00 Install	ment	* Not Ava	llable on Premiu	m Financed Po	olicies.	
Premium to be Financed – Name of Pre	emium Finance Compan	y**		a copy of Premit			
<u> </u>	FAIR CREDIT						
In addition to routine verification of informat spersonal or family purposes, the insurer to character, general reputation, personal cha and scope of the investigation requested, if	which it is assigned may racteristics or mode of it	have an i	nvestigative	consumer repo	rt made includi	ng information be	earing on

AlF

д а ДЕ

Name of Operat	or A	ccident Date	_	Place of Acc Clty	State		/ Injury or Death	(incl.	, Damage your own)	Pena Poin
		<del></del>		,		□ Yes	□ No	-   S	mount	
· · · · · · · · · · · · · · · · · · ·		•	<del> </del>			□ Yes	□ No	\$		+
						D Yes	□ No	\$		-
If the answer to any of t	he following is	Yes check "Ye	s" hox	and give date	of accident			Ψ		Date(s) of
1. Applicant's motor vi 2. Applicant reimburse against such person 3. Other person involv 4. Damaged by "Hit-ar accident. 5. Driving a bus for a polything a law enforce. 7. Other type of accident.	d by or on bel n. ed in accident nd-Run" Driver private or muni ement agency	nalf of person re was convicted, and accident re cipal school bus vehicle, fire true	Applic ported comp	ant or operator i to police withi any or as a cor mbulance on e	was not con 24 hours in 24 hours in mercial versions of the control of the contro	nvicted, from time of phicle operational	or.	☐ Yes Yes ☐ Yes	A	coldent(s
ECTION 11. CONVICT	IONS (Mot	or Vehicle and	Non-A	lotor Vehicle)	· · · · · · · · · · · · · · · · · · ·	<del></del>	<del></del>			
las the applicant or any nmediately preceding T IOTE: A paid ticket or	HIRTY-SIX m	onths?   Yes  Nission of guilt	s □ and t	No If "Yes". c	omplete the titutes a co	following. (i nviction.	f necessar	ITED BAIL a y, use Rema	t any time du rks Section.)	ring the
Name of Operator	Conviction			Type of	F	lace of Conv	riction	Penalty		License
, idinio or operator	Dale	as a Res		Violation	1	City	State	Points		pended voked?
		☐ Yes ☐	No						☐ Yes	□ No
		□ Yes □	No						☐ Yes	□ No
		☐ Yes ☐							☐ Yes	.□ No
4		□ Yes □	No						☐ Yes	□ No
ECTION 12. INSURAN						lain near the angle				
is applicant had insura		!? □ No		□ Yes	If "Yes", co	mplete the fo	oilowing.	•		
me of applicant's lates	t carrier	Policy No.						Termination	n date	
as coverage through Pl	an?	Was 3 year a		nent completed □ No	1?		·	If "No", give	e reason tem	ninated.
any other vehicles ow	med by any m	ember of house	hold?		If "Yes", g	ive name of	insurer and	attach copy	of declaration	n page.
CTION 13. ELIGIBILIT	Vecentices	TION CTATEM	Chir							
CHOM 15. ECIGIBILIT	T GERTIFICA	HUN STATEM	CMÍ					· · · · · · · · · · · · · · · · · · ·		
(Name)				hereby	declare und	ler penalty o	f perjury th	at the followi	ng is true an	d correct
(Name) A "good driver" as de had more than one viwas not made confidiyears old] have been	iolation point c antial: or (c) be	harged against een principally a operated a moi	his or t.fault tor veh	her license; or for an accident	(b) had more resulting in alcohol level	re than one or bodlly injury el of 0.05% o	lismissal or or death; or greater.	f a violation of or (d) [only fo	of a driving la	w which
OU CHECKED THAT VER", READ AND CO	YOU ARE NO MPLETE ITE	OT A "GOOD DE MS 2 - 5.	RIVER	", do not co	MPLETE T	HE REST O	F THIS SE	CTION. IF Y		GOOD
On (Month/Day/Year) Insurance Company/0										
I am eligible by reces	i oi illeiildeisi	ייף, ammation, et any/group name	npioyi id in iti	nent, or other s em 2.	ouch charac	teristic, if su		·		
I am eligible by reason insurance from the ins	•									
I am eligible by reason insurance from the insurance from the insuranc	•	, at	□ .	A.M. D.P.M.,	l contacted	rano at		·	utha Infar-	of

# SECTION 14. COVERAGE FOR ACTS OF UNINSURED MOTORISTS: CALIFORNIA

DELETION OF COVERAGE: The California Insurance Code requires an insurer to provide uninsured motorists coverage in each bodily injury liability Insurance policy it issues covering liability arising out of the ownership, maintenance, or use of a motor vehicle. Those provisions also permit the insurer and the applicant to delete the coverage completely or to delete the coverage when a motor vehicle is operated by a natural person or persons designated by name. Uninsured motorists coverage insures the insured, his or her heirs or legal representatives for all sums within the limits established by law, which such person or persons are legally entitled to recover as damages for bodily injury, including any resulting sickness, disease, or death, to the insured from the owner or operator of an uninsured motor vehicle not owned or operated by the insured or a resident of the same household. An uninsured motor vehicle includes an underinsured motor vehicle as defined in subdivision (p) of Section 11580.2 of the Insurance Code.

REDUCTION OF COVERAGE: The Uninsured Motorists provisions also permit the insurer and the applicant to agree to provide the coverage in an amount less than that required by subdivision (m) of Section 11580.2 of the insurance Code but not less than the financial responsibility requirements. DAMAGE TO YOUR VEHICLE: In addition, the California Insurance Code requires insurers to offer coverage for damage to your vehicle caused by an uninsured motor vehicle to the extent that you, the insured party, are legally entitled to recover from the owner or operator of the uninsured motor vehicle. Such property damage coverage will either: (1) pay the collision deductible on the insured motor vehicle, if it is covered by collision insurance, or (2) pay for damage to the insured motor vehicle, if it is not covered by collision insurance. This coverage will not pay for damage to personal property other than the vehicle or for loss of use of the vehicle, and it will not exceed the smallest of any the following: (1) The amount of the collision deductible; (2) the actual cash value of the insured motor vehicle; or (3) \$3,500. You may reject uninsured motorist coverage completely or reject it only when an insured motor vehicle is operated by a natural person or persons that you designate by name. If you reject uninsured motorist coverage for bodily injury, you must also reject uninsured motorist coverage for property damage; however, you may elect to obtain uninsured motorist bodily injury coverage without obtaining uninsured motorist property damage coverage. It shall be presumed that an application for a policy of bodily injury liability insurance containing uninsured motorist coverage if an amount less than that required by Insurance Code Section 11580.2, Subdivision (m), signed by you (the named insured) and approved by the insurer, with a policy effective date after January 1, 1985, shall be a valid agreement as to the amount of uninsured motorist coverage to be provided.

# SECTION 15. REJECTION OF UNISURED MOTORIST COVERAGE

I understand that if I reject uninsured motorist coverage, and if I am injured by a person driving without motor vehicle insurance, I may be unable to recover any significant amount of money to cover the costs of my injuries or of damage to my motor vehicle. I have applied this day for coverage under an automobile liability insurance policy, and the company providing such coverage and I have agreed as follows to delete uninsured motorist

□ lele	ect to delete o	ompletely u	ninsured n	erage for pro notorist cove	perty damage coverage, t rage for the following desi	out keep uninsured motorist coverag gnated person(s) listed below:	ie tot bodily inju	ry.
			·					
		ningurad me	otoriet aave		norty domana acyarasa b	out keep uninsured motorist coverage	e for hadily initu	
	ect to delete u ig designated				perty damage coverage, c	at reep uninsaled motorist coverag	e for bodily injur	ry 101 th
					Date:	Hour:	e for bodity injur	
	g designated		isted below					IY IOF TA

## SECTION 16. EVIDENCE OF INSURANCE AND EFFECTIVE DATE OF COVERAGE

Requested Effective Date and Time:

ELECTRONIC EFFECTIVE DATE PROCEDURE (EEDP) REFERENCE NO.:

Example: 09/ 01/2004 11:30 AM

ABC

-'(Only-required-if-using-EEDP-in-lieu-of-EASI-submission)-

NOTE: -In the event there is no U.S. postmark, coverage will become effective no earlier than 12:01-a.m. on the day following receipt in the Plan--Office. A metered mail postmark, electronic stamp or other postage service stamp shall not be considered a postmark of the United

-States Postal-Service for the purposes of effecting-coverage.

IN NO EVENT SHALL COVERAGE BE EFFECTIVE PRIOR TO THE DATE AND HOUR OF COMPLETION OF THIS APPLICATION.

## SECTION 17. PRODUCER OF RECORD STATEMENT

I certify, under penalty of perjury, that I have personally asked the applicant every question on this application and accurately noted each of the applicant's responses. In addition, I certify that legible photocopies of the applicant's and principal operator's driver's license(s) (unless suspended or revoked), as well as each vehicle registration or proof of ownership, are attached. I certify that this application is submitted pursuant to the effective date provisions of the California Automobile Assigned Risk Plan. In the event the policy is cancelled or a change is made resulting in a return premium to the insured. Lagree to return the unearned commission portion of such premium. The information contained herein is accurate to the best of my knowledge.

X Date: Hour: □ A.M. □ P.N. Producer's Signature	•	•		
Producer's Signature	X	Date:	Hour: MAM	прм
			1 lout D \\vi	. шт.пип

	SE	CTION 18. APPLICANT'S STATEMENT	Your Signature O	n This Applicatio	n Certifies The Follow	ing. Do Not Sign Without
	I he	reby certify under penalty of perjury that I,			·	
Ż	1.	Have been informed of my right to choose CHECK ONE:   Yes			option as shown in Sec producer for an explan	
:	2.	Agree to pay all premiums when due and d	esignate the individu	al shown above a	s agent/broker of record	for this insurance
:	3.	Do not owe any insurance company for aut	omobile insurance of	emiums due or co	ontracted during the pre-	ceding two (2) years
	4.	Understand that if I owe money for a prior of money I Submit with this application for a money I submit with this application, even I prior CAARP policies.	DAARP policy which	have not formally	appealed to the Califor	rnia Insurance Commissioner, the
٠.,	5.	Understand the agent/broker is not acting a	s an agent of any co	mpany for the pur	poses of this insurance.	
	6.	Agree that no coverage will be effective if m	ny premium remittano	e is justifiably dist	nonored by the financial	l institution:
	7.	Will remit a check, money order, or a bank the balance of the full premium for the polic application, to make payments as specified	draft of the applicant y, within 30 days of r In the CAARP intere	producer of recor otification or, if I h st-free Payment P	d or financing institution	n, as directed by the Insurer, for
"	8.	Certify that this application was written and				
		Realize that any misleading information, or prejudice my application for insurance.			•	•
*	10.	Certify that, to the best of my knowledge an	d belief, all statemen	is contained in this	s application are correct	<b>L</b>
	Х		 Dat	e:	Liou	ır:□ A.M. □ P.M.
		Applicant's Signature		c		пОА.М: ОР.М.
	NOT	-FEES ARE ILLEGAL				
.	appii necei of su	on 11624.5 of the California Insurance Co cant, directly or Indirectly, for furnishing ssary to perfect an application through th ch Plan. PERSON WHO KNOWINGLY MAKES AN A	any person the nec	essary application uch commission	n forms, technical ass as is paid by the insu	sistance and services rer pursuant to the provisions
, .	STAT DOMI ANY I	EMENT THAT THE APPLICANT RESIDES CILED IN A STATE OTHER THAN THIS S PERSON WHO KNOWINGLY PRESENTS A E AND MAY BE SUBJECT TO FINES AND	OR IS DOMICILED TATE, IS SUBJECT A FALSE OR FRAUT	IN THIS STATE W TO CRIMINAL PE BULLENT CLAIM F	/HEN, IN FACT, THE A NALTIES.	APPLICANT RESIDES OR IS
上	<u> </u>		VOTICE TO APPLIC		ICER	
-	n the	event acknowledgement of coverage is				D_622_0054
	NOT					
		application to the Plan, you are application. Please refer to the an application submitted through	not permitted to Retraction Proce	alter or in any	way change any ir	nformation on the
			DISCOUNTS AND	CREDITS SECTION	ON	
	Mature Course	Driver Improvement Operator Eligible	□ Op1 □ Op2 □	J Op3 □ Op4	Discount Applied	V1 🗆 V2 🗆 V3 🗆 V4
			ATTAC	IMENTS		
	J Co	py of Vehicle Registration(s) or Proof c	f Ownership	☐ Deposit Pr	emium Payment	
] [		py of Driver's License(s) for Applicant & perator	& Principal	ļ	ver Improvement Co	urse Discount Certificate (if
[	J Co	py of Declaration Page from any other	owned vehicle(s)	,, ,		
Г	·	P-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	REMARKS	SECTION		
一						
					•	
C	omol	aints about insurance companies or	agents/brokers c	an he directed	to the California Be	nartment of Incurses
C	onsu	mer Services Division at 800-927-HE	LP (4357).	en ne ditseled	to air ceimeime ne	genunearor nisurance

# PRIVATE PASSENGER APPLICATION CALIFORNIA AUTOMOBILE ASSIGNED RISK PLAN

CALLOT NOW

	IMPORTANT NOTICE	Additions
This policy is not effective until	your application is electronically conditions must also be met: (1)	transmitted to the Plan by your Both you and your agent or
broker must sign and date a pro	operly completed application. (2) hin two days of its completion. Ye	Your agent or broker must mail
or broker transmit the documen	nts in your presence to ensure imr the above requirements are not n	nediate coverage, provided the
	ce receives your application. You	

effect the day broker notify y							appl	licatio	n. Y	'ou	may requ	est t	hat you	r agent or
SECTION 1. PRODU	ICER OF RECO	RD												
Producer Last Name	/Agency Name						Proc	lucer Fir	st Nam	те	<u>-</u>			MI
DBA Name			•				<u> </u>							
Mailing Address		•					Suite	e No.	City	1			State	Zlp Code
Tax ID or Social Sec	urity No.	F	roduc	er Lice	nse No	) <b>.</b>	Tele	phone N	0.		F	ax No.	-	
SECTION 2. SIGNIN	G PRODUCER	, Co	mplet	e if pr	oduçei	comple	eting/s	signing t	his ap	plica	ation differs f	rom th	e Produce	r of Record.
Last Name			First i	Vame					MI	Pro	oducer License	No.		
SECTION 3. APPLIC	ANT					<del></del>			<u> </u>					
Last Name			First I	Vame					MI	Но	me Telephone	No.	Business	Telephone No.
Street Address		1		<del></del> .		Apt. I	No.	City		l		<del></del>	State	Zip Code
Mailing Address (if di	fferent from Stre	et Ado	ress)	•	,	Apt. I	Vo.	City					State	Zip Code
SECTION 4. OPERA	TOR INFORMA	TION		(Li	st all	operate	ors in	house	hold	and	any other d	rivers	.)	
Applicant's former ad	dresses (past 3	years)							•		•		*1	•
"Street Address			,				·	City					State	Zip Code
Applicant and other Drivers	Relationship to Applicant	9 V:1	6 Use Vel	for Eac nicle V3	ch V4		Date D/YYYY	. Sex	Ms	5*	Driver's License No.	State		nsed 3 Years? o", give date issued
APPLICANT	APPLICANT	V·1	\ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	V3				1.	<del>                                     </del>	-			☐ Yes	□ No .
								-	<u> </u>		· · · · · · · · · · · · · · · · · · ·		☐ Yes	□ No
													☐ Yes	` '
					<u> </u>	1411471							☐ Yes	□ No
*MS Marital Status: S		ed, Di					wed, L	)-Divorce	ea, P- :	Sepa		lama		
Applicant's Occupation	n			ature	of Bus	iness					Employer's N	iame		
Street Address									0	City			State	Zip Code
Other Driver's Occup	ation .		N:	ature o	of Busin	iess			•	l	Employer's N	ame	•	
Street Address								. 1	C	City			State	Zip Code
Send complete	ed applicati	on v	vith o	hec	k/mc	ney o	rder	and r	equi	ired	attachme	nts t	:0:	<del></del>
California Autor P.O. Box 7917 San Francisco,				Plar	1	ř				-			•	

	SECTION 5. VE	HICLE 1 -	- VEHICLE	NFORMATION AN	D VEHICLE USE			No. J	<del></del>		
	Year	Make			Model		Bod	y Style		H.P./Cu	i, In.CC
	Vehicle Identific	ation No.	-			Registered Own	er's Las	t Name	First N	ame	
	Purchased Mo.	Yr.	☐ New ☐ Used	Cost New	Damaged* ☐ Yes ☐ No	Altered* □ Yes □ No		ged Glass* ₃ □ No	* If yes	, detail in	Remarks Section
	☐ Pleasure ☐ ☐ Business ☐ **Applicable onle for commercial r	Commerci y for moto	lal** □ Fari	m	ess of Garaging	, , , , , , , , , , , , , , , , , , , ,		Miles on school o			Est. Annual Mileage
	Applicant addre	ss as it ap	pears on reg	distration, if differen	t from Section 3	State Registere	d In	Rating Band	i Ra	te Class	Penalty Points
	SECTION 5. VE	IICLE 2 -	VEHICLE I	NFORMATION ANI	D VEHICLE USE						
	Year	Make	•		Model		Bod	y Style		H.P./Cu	ı. In.CC
ΑIP	Vehicle Identifica	ation No.				Registered Own	er's Las	t Name	First No		
	Pùrchased Mo. `	r.	□ New □ Used	Cost New	Damaged* □ Yes □ No	Altered* □ Yes □ No		ged Glass* □ No	* If yes	detall in	Remarks Section
	□ Pleasure □ □ Business □ □ Applicable only	Commerci for motor	ai** 🗆 Farr	n	ess of Garaging			Miles on school o			Est. Annual Mileage
	Applicant addres	s as it ap	pears on reg	istration, if different	from Section 3.	State Registere	d In	Rating Band	Ra	te Class	Penalty Points
•	SECTION 5. VE	IICLE 3 -	VEHICLE I	NFORMATION AND	D VEHICLE USE						
	Yèar 	Make		•	Model		Body	y Style		H.P./Cu	. In.CC
	Véhicle Identifica	ition No.				Registered Owne	er's Las	t Name	First Na	ame	
	Purchased Mo.	r.	□ New □ Used	Cost New	Damaged* ☐ Yes ☐ No	Altered* □ Yes □ No		jed Glass* □ No			Remarks Section
	☐ Pleasure ☐T ☐ Business ☐C ;;**Applicable only gfor commercial p	commercial for motor	al** 🗆 Farn	n l	ess of Garaging			Miles one school or			Est. Annual Mileage
A 1173	Applicant addres	s as it app	pears on reg	istration, if different	from Section 3.	State Registered	d In	Rating Band	Rat	e Class	Penalty Points
Aili	SECTION 5. VEH	IICLE 4 –	VEHICLE II	NFORMATION AND	VEHICLE USE						
	Year	Make			Model		Body	/ Style		H.P./Cu	. In.CC
	Vehicle Identifica	tion No.				Registered Owne	er's Last	Name	First Na	ime	
	Rurchased Mo. Y	r.	□ New □ Used	Cost New	Damaged* □ Yes □ No	Altered* □ Yes □ No		ed Glass* □ No	* If yes,	detail in l	Remarks Section
	□:Pleasure □T □ Business □C **Applicable only for commercial p	ommercia for motor	al** 🗆 Farm	n	ess of Garaging			Miles one school or			Est. Annual Mileage
	.,	s as it app	ears on reg	istration, if different	from Section 3.	State Registered	d In	Rating Band	Rat	e Class	Penalty Points
	770										<u> </u>

→ Check appropriate boxes for	coverages.	100		Vehicle 1 Premiums	Vehicle 2 Premiums	Vehicle 3 Premiums	Vehic Prem
Bodily Injury Liability ↓□ \$15,000 Each Person/\$30,000 Each Ac	ccident						
Property Damage Liability							
Medical Payments Coverage (Optional) ☑ \$1,000 – Maximum Amount (Excess Co	overage)	•					
Uninsured Motorist (UM) – Bodily Injury (Opti	ional) ccident						
Uninsured Motorist (UM) – Property Damage  Each Accident (Maximum \$3,500)	(Optional)						
Total Penalty Points Premium Surcharge (12	points max per ve	hicle)					
Extended NonOwned Coverage (D.O.C.) If no Uses I No (If Yes, see Rule 25							arent me
∴Èinancial Responsibility Certificate □ Yes □ No If "Yes", indicate \$15.00 Filir	ng Fee (if no penait	y point surch	arges)				
Estimated Total Premium per vehicle	• •			\$	\$	\$	\$
Total Estimated Premium for vehicles 1 – 4				\$			
"No man and hardfullel and has been recorded							
Name of Individual to be covered  SECTION 7. FINANCIAL RESPONSIBILITY			1				
SECTION 7. FINANCIAL RESPONSIBILITY as applicant or other eligible operator residing	in the same house	nold required	to file evide	nce of financia	al responsibility	7? ☐ Yes	□·No
SECTION 7. FINANCIAL RESPONSIBILITY	in the same househ		/ to file evide ere Filing re			/? ☐ Yes Reason for Filing	
SECTION 7. FINANCIAL RESPONSIBILITY is applicant or other eligible operator residing if "Yes", complete the following:							
SECTION 7. FINANCIAL RESPONSIBILITY  Is applicant or other eligible operator residing If "Yes", complete the following:  Name							
SECTION 7. FINANCIAL RESPONSIBILITY  is applicant or other eligible operator residing if "Yes", complete the following:  Name	License No.	State wh	ere Filing re	equired	F	Reason for Filing	
SECTION 7. FINANCIAL RESPONSIBILITY  Is applicant or other eligible operator residing If "Yes", complete the following:  Name  Type of Filing   SR22 Owner's (operation of the content of	License No.	State wh	ere Filing re	equired	F	Reason for Filing	□ No
SECTION 7. FINANCIAL RESPONSIBILITY  Is applicant or other eligible operator residing  If "Yes", complete the following:  Name  Type of Filing SR22 Owner's (operation of the second of	License No.  on of owned vehicle  olete If Application  Private Passeng pation or business? fhousehold?  □	State who state	ere Filing re  Operator's  Non-Own  mercial  Doo  o	equired  (operation of er Policy.  Taxi/Bus	non-owned ve	Reason for Filing	
SECTION 7. FINANCIAL RESPONSIBILITY  Is applicant or other eligible operator residing If "Yes", complete the following:  Name  Name  Type of Filing SR22 Owner's (operation of the second of the secon	Diete If Application Private Passeng pation or business? fhousehold?	State who so I SR22  on Is For a per	Poperator's  Non-Own  mercial  No o	equired  (operation of er Policy.  Taxi/Bus	non-owned ve	Reason for Filing	
SECTION 7. FINANCIAL RESPONSIBILITY  Is applicant or other eligible operator residing  If "Yes", complete the following:  Name  Name  Type of Filling	License No.  Diete If Application  Private Passeng pation or business? Indusehold?  Insurance Company  No  Deposit Premiun	State who state	Poperator's  Non-Own mercial  No o o oillity coverage	equired  (operation of er Policy.  Taxi/Bus	non-owned ve	Reason for Filing	
SECTION 7. FINANCIAL RESPONSIBILITY  Is applicant or other eligible operator residing If "Yes", complete the following:  Name  Name  Type of Filing SR22 Owner's (operation of the properation of the prope	License No.  on of owned vehicle  olete If Application  Private Passeng pation or business? fhousehold?  surance Company  No  Deposit Premium	State who state who says are state on Is For a state on Is For a state of the says are state of the state of the says are state of the state of the state of the says are state of the state of the says are state of the sa	Poperator's  Non-Own  Impercial  No  No  Check/Mor  Total Estim	equired  c (operation of er Policy.  Taxi/Bus ge.  With Applicy Order/Draft	non-owned ve	hicles)	
SECTION 7. FINANCIAL RESPONSIBILITY  Is applicant or other eligible operator residing If "Yes", complete the following:  Name  Name  Type of Filing SR22 Owner's (operation of the second of the secon	License No.  on of owned vehicle  olete If Application  Private Passeng pation or business? fhousehold?  surance Company  No  Deposit Premium  25%, whichever is g paid in 30 days.	State who so state who so so ser so ser so ser so ser	Non-Own Total Estim  Amount Su	equired  c (operation of er Policy.  Taxi/Bus  ge.  With Applicy  ey Order/Drainated Premium  bmitted with A	non-owned ve	Reason for Filing hicles)	
SECTION 7. FINANCIAL RESPONSIBILITY  Is applicant or other eligible operator residing  If "Yes", complete the following:  Name  Name  Type of Filing SR22 Owner's (operation of the second of the seco	License No.  In of owned vehicle  Diete If Application  Private Passeng pation or business? fhousehold?  No  Deposit Premium  25%, whichever is good in 30 days.  6250 or 25%, whichents with \$4.00 instale	State who ses)   SR22  on Is For a ger   On Yes   Yes   No Noroviding liab  m Must Be Server is allment	Poperator's  Non-Own Impercial  No O O O O O O O O O O O O O O O O O O	equired  is (operation of er Policy.  Taxi/Bus  ge.  With Appliately Order/Drain ated Premium bmitted with Appliately on Premium able on Premium able on Premium at the premium able on Premiu	non-owned ve	Reason for Filing hicles)  describe)	

	cident during the past	THIRLY-SIX III	onths?			s", comp	lete t	ne tol	low	ing. (ii	nec				Section	<u>,u.)</u>
Light part	Name of Operator	Aco	ident Date	Plac Ci	e of Accident ty	State			/ Inj eat	ury or h		Prop. (incl.) Ai		own)		Poi:
já,								Yes	L	] No	,	\$.				
11111								Yes	Ľ	No		\$				
Ų,	·							Yes		] No		\$		<del></del>	_	
i If t	he answer to any of th	e following is Y	es. check "Yes	box and of	ve date of ac	cident.	!		_		لــــ				Date(s	) of
2. 3. 4. 5.	Applicant's motor ve Applicant reimbursed against such person. Other person involve Damaged by "Hit-and accident. Driving a bus for a pi Driving a law enforce	d by or on beha d in accident w d-Run" Driver a ivate or munici	f of person res as convicted. And accident rep cal school bus	pplicant or one orted to police or one or	operator was ice within 24 as a comme	not conv hours fro	victed om til	d. me of		ıt		Yes Yes Yes Yes Yes			\ccide	ıt(s
	Other type of accider							in Rer	nar	ks.		Yes		ĺ		
SE	CTION 11. CONVICT	ONS (Motor	Vehicle and N	ion-Motor \	/ehicle)						L		-			
Has	s the applicant or anyonediately preceding T DTE: A paid ticket or t	one who usually HIRTY-SIX mor	drives the app ths? □ Yes	licant's mot	or vehicle(s) f "Yes", comp	lete the	follov	ving. (	or if n	FORF	EITE ary,	D BAIL at use Rema	t any rks S	time di ection	uring t .)	he
(). 			Did Convic	tion				of Con	vict	ion	$\Box$	D	Τ	Wa	Licen	ıse
h.		Conviction Date	Arise as a Resi of an Accid	ult \ ent?	Type of /iolation		City	,		State	,	Penalty Points		Su	spende levoke	ed
713			☐ Yes ☐	No							1			Yes		No.
49 7 8			□ Yes □	No										Yes		Иo
ri E.J.			□ Yes □	No							T	<del></del>		Yes	□ I	10
			☐ Yes ☐	No										Yes		10
SE	CTION 12. INSURAN	CE RECORD		•								·				
Has	s applicant had insura	nce in the past?	□No	☐ Yes	s If "	es", con	nplet	e the	follo	wing.		····	7			
Nar	me of applicant's lates	t carrier	Policy No.									Terminatio	n da	te		
Wa	s coverage through Pl □ Yes □ No	an?	Was 3 year a □ Y	ssignment o							]	f "No", glv	e rea	son te	rminat	ed.
Are	any other vehicles ow □ Yes □ No	ned by any me	mber of house	old?	lf	"Yes", gi	ve na	ame o	f ins	surer a	nd a	ittach copy	y of c	leclara	tion pa	ıge.
SE	CTION 13. ELIGIBILIT	TY CERTIFICAT	TION STATEM	ENT												
I,	(Name)	• 4	•		_ hereby dec	lare und	er pa	enalty	of p	erjury	that	the follow	ing is	s true a	and co	rrec
1.	A "good driver" as de had more than one v was not made conflo years old] have beer	riolation point cl lential; or (c) be	narged against en principally a	his or her lid t fault for ar	cense; or (b) accident res	had mor sulting in	e tha bodi	ın one İly inju	dis	missa r deat	i of a h; or	ı violation	of a	driving	law w	hich
IF Y DRI	OU CHECKED THAT	CHECK YOU ARE NO OMPLETE ITEM	T A "GOOD DI	AM NOT a RIVER", DO	''good dri NOT COMF	ver" [ LETE T	I I A	AM a REST (	"go	ood d	rive	er" TION, IF	YOU	ARE /	''GO	OD
2.	On (Month/Day/Year Insurance Company	Group for autor	mobile liability i	nsurance.				. •	•							
	I am eligible by reasons insurance from the Ir					h charac	teris	tic, if s	uch	is rec	uire;	d to purch	ase i	automo	bile lia	abili
3. 4.	madianoc nom me n															

SECTION 14. COVERAGE FOR ACTS OF UNINSURED M	OTORISTS: CALIFORNIA	
DELETION OF COVERAGE: The California insurance Code insurance policy it issues covering liability arising out of the or and the applicant to delete the coverage completely or to designated by name. Uninsured motorists coverage insures the insured from the owner or operator of an uninsured motor vehicle includes an underinsured motorists promount less than that required by subdivision (m) of Section DAMAGE TO YOUR VEHICLE: In addition, the California insuminsured motor vehicle to the extent that you, the insured passive such property damage coverage will either: (1) pay the collision of the vehicle or for loss of use of the vehicle, and it will not extend a cash value of the insured motor vehicle; or (3) \$3,500. The motor vehicle is operated by a natural person or persons the must also reject uninsured motorist coverage for property damage coverage. It is uninsured motorist coverage if an amount less than that reginal and approved by the insurer, with a policy effective motorist coverage to be provided.	wnership, maintenance, or use of a motor delete the coverage when a motor vehiche insured, his or her heirs or legal repression as a motor which he insured, his or her heirs or legal repression as defined in subdivision (p) of Section vehicle as defined in subdivision (p) of Section as so permit the insurer and the authorise and the insurence Code requires insurers to offer contry, are legally entitled to recover from the control of the insurence. This coverage will not ceed the smallest of any the following: (1) You may reject uninsured motorist cover at you designate by name. If you reject uninage; however, you may elect to obtain unall be presumed that an application for a papured by Insurance Code Section 11580	vehicle. Those provisions also permit the insurer cie is operated by a natural person or persons entatives for all sums within the limits established ling any resulting sickness, disease, or death, to neured or a resident of the same household. An ion 11580.2 of the insurance Code. applicant to agree to provide the coverage in an isst han the financial responsibility requirements, werage for damage to your vehicle caused by an owner or operator of the uninsured motor vehicle. e, if it is covered by collision insurance, or (2) pay the pay for damage to personal property other than of the amount of the collision deductible; (2) the age completely or reject it only when an insured insured motorist coverage for bodily injury, youninsured motorist bodily injury coverage without olicy of bodily injury liability insurance containing 1.2, Subdivision (m), signed by you (the named
SECTION 15. REJECTION OF UNISURED MOTORIST CO	VERAGE	; ¢
I understand that if I reject uninsured motorist coverage, and recover any significant amount of money to cover the costs of under an automobile liability insurance policy, and the comproverage from that insurance policy.  1.  □ I elect to delete completely uninsured motorist coverage for pro 3.  □ I elect to delete completely uninsured motorist coverage for pro	of my injuries or of damage to my motor of any providing such coverage and I have a rage for all insureds.  perty damage coverage, but keep uninsu	rehicle. I have applied this day for coverage agreed as follows to delete uninsured motorist agreed as follows to delete uninsured motorist agreed motorist coverage for bodily injury.
4. 口 I elect to delete uninsured motorist coverage for pro following designated person(s) listed below:	perty damage coverage, but keep uninsu	red motorist coverage for bodily injury for the
11: 11: 11: 1		
x	Date:	Hour:□AM □ PM
Applicant's Signature		
The rejection of insurance indicated by the above agreemen apply while such policy is in force, and it shall continue to be the named insured, or with respect to reinstatement of such	so binding with respect to any continuati	on, renewal or replacement of such policy by
SECTION 16. EVIDENCE OF INSURANCE AND EFFECTIVE		
Requested Effective Date and Time:	If the application is NOT submitt	ed via EASI, the effective date of
Example: 09/ 01/2004 11:30 AM	Office, unless a future date is re	he day following receipt in the Plan guested.
NOTE: In the event there is no U.S. postmark or if the post following receipt in the Plan Office. A metered match shall not be considered a postmark of the United States.	il postmark, computer-generated electror	nic stamp, or other postage service stamp
IN NO EVENT SHALL COVERAGE BE EFFECTIVE PRIOR	R TO THE DATE AND HOUR OF COMPL	ETION OF THIS APPLICATION.
SECTION 17. PRODUCER OF RECORD STATEMENT		
Leertify, under penalty of perjury, that I have personally aske applicant's responses. In addition, I certify that legible photo	ed the applicant every question on this appropries of the applicant's and principal or	plication and accurately noted each of the erator's driver's license(s) (unless suspended application is submitted nursuant to the

Lecrtify, under penalty of perjury, that I have personally asked the applicant every question on this application and accurately noted each of the applicant's responses. In addition, I certify that legible photocopies of the applicant's and principal operator's driver's license(s) (unless suspended or revoked), as well as each vehicle registration or proof of ownership, are attached. I certify that this application is submitted pursuant to the effective date provisions of the California Automobile Assigned Risk Plan. In the event the policy is cancelled or a change is made resulting in a return premium to the insured. I agree to return the unearned commission portion of such premium. The information contained herein is accurate to the best of my knowledge.

v		Data	•	Hour:		□ A.M.	□ P.M
^_		 _ Date:	 ·	_ 11041			□ · .ivi
· .	Producer's Signature		,		•		
٠							

	SECTION 18. APPLICANT'S STATEMENT  Your Signature Reading.	e On This Application Certifies The Following. Do Not Sign Without
12	I hereby certify under penalty of perjury that I,	
	·	of the Developed Discounting and the Continue Co
	· · · · · · · · · · · · · · · · · · ·	est-free Payment Plan option as shown in Section 9 of this application. No" please ask the producer for an explanation.)
		vidual shown above as agent/broker of record for this insurance.
- ) L:	- • •	be premiums due or contracted during the preceding two (2) years.
- I -		sich I have not formally appealed to the California Insurance Commissioner, the
	money I Submit with this application for a new CAARP police	y will be applied to that prior policy, and I am not entitled to a refund of the s new policy is terminated, until I pay the full amount owed for all current and
	<ol><li>Understand the agent/broker is not acting as an agent of an</li></ol>	y company for the purposes of this insurance.
1	<ol><li>Agree that no coverage will be effective if my premium remit</li></ol>	
	the balance of the full premium for the policy, within 30 days application, to make payments as specified in the CAARP in	
- 41.	B. Certify that this application was written and signed as of the	
	prejudice my application for insurance.	e required information, will not be considered good faith on my part and will
	<ol><li>Certify that, to the best of my knowledge and belief, all state</li></ol>	ments contained in this application are correct.
	v	
	X	Date: Hour: A,M. D P.M.
	Applicant's Signature	·
17	NOTE - FEES ARE ILLEGAL	
	of such Plan. ANY PERSON WHO KNOWINGLY MAKES AN APPLICATION F STATEMENT THAT THE APPLICANT RESIDES OR IS DOMIC! DOMICILED IN A STATE OTHER THAN THIS STATE, IS SUBJI	FOR MOTOR VEHICLE INSURANCE COVERAGE CONTAINING ANY LED IN THIS STATE WHEN, IN FACT, THE APPLICANT RESIDES OR IS ECT TO CRIMINAL PENALTIES.
	ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FI CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMEN	RAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A IT IN STATE PRISON.
		PLICANT AND PRODUCER
h	n the event acknowledgement of coverage is not received	with 30 days, notify the Plan Office at 800-622-0954
_		ed, the premium refund determined in accordance with Plan rules
		r the period of coverage, subject to a minimum premium of \$15 per
	vehicle or policy, whichever is greater.	
	application to the Plan, you are not permitte	nce number and prior to mailing the completed, signed ed to alter or in any way change any information on the Procedures outlined in the Plan manual if you need to retract
. : <u> </u>		AND CREDITS SECTION
(	Mature Driver Improvement Operator Eligible □ Op1 □ O	pp2 □ Op3 □ Op4
	AT	ITACHMENTS
[	Gopy of Vehicle Registration(s) or Proof of Ownership	☐ Deposit Premium Payment
"  [	☐ Copy of Driver's License(s) for Applicant & Principal Operator	☐ Mature Driver Improvement Course Discount Certificate (if applicable)
C	Copy of Declaration Page from any other owned vehicle	e(s)
	REM	ARKS SECTION
	•	
		kers can be directed to the California Department of Insurance

Consumer Services Division at 800-927-HELP (4357).

Note: For Items where space is insufficient use Remarks Section.

COMMERCIAL APPLICATION
CALIFORNIA AUTOMOBILE ASSIGNED RISK PLAN

N Deletions

# NOTICE: PRODUCER MUST READ THIS STATEMENT BEFORE PROCEEDING

# IMPORTANT NOTICE

This policy is not effective until your application is electronically transmitted to the Plan by your acoust or broker. The following conditions must also be met: (1) Both you and your agent or leave the ker must sign and date a properly completed application. (2) Your agent or broker must mail your application to the Plan within two days of its completion. You may request that your agent or broker transmit the documents in your presence to ensure immediate coverage, provided the above requirements are met. If the above requirements are not met, your coverage will take effect the day after the Plan office receives your application. You may request that your agent or broker notify you when your coverage is effective.

notify you when your cov							<u></u>		· · · · · · · · · · · · · · · · · · ·
SECTION 1. PRODUCER OF RECORD	·								
Producer Last Name/Agency Name		Pro	oduce	er First Name					MI
Producer DBA Name	4	<i>t.</i>						•	
Mailing Address		Ste./Apt. No	0.	City			State	Zip Cod	е
"ax ID or SS No.	Producer License No.	Telephone	No. (i	ncl. area code	)	Fax No	o. (Incl. a	rea code)	
SECTION 2. SIGNING PRODUCER	(If the producer completing	and signing					record, li	ndicate S	AME.
Last Name	First Name	· MI	Si	igning Produce	r Licens	e No.		-	
SECTION 3. APPLICANT NAME					• .	····			
Last Name		Fire	st Nar	me					МІ
DE Jame				Self Empl	oyed?	·□ Yes		10	· <del></del>
Str. Address		Ste./Apt. No	). <u> </u>	City		,	State	∋ Zip C	ode
Mailing Address		Ste./Apt. No	).	City	· · · · · · · · · · · · · · · · · · ·		State	e Zlp C	ode
ां - Home Telephone No. (Incl. area code) रो ें।	Business Telephone No	). (incl. area co	ode)	Tax ID o	SS No.		<del></del>		
Business Applicant/Nature of Operation	n		F	leadquarters o	f Opera	tion			
SECTION 4, OWNERSHIP AND CONTR	ROL OF APPLICANT'S ORGAN	IZATION							
Named insured is a:	Sole Proprietor		ate of	Incorporation	Di	ate actua	l operatio	ns comm	enced
Management, Ownership and Control (List names of principals and anyone	with more than a 10% ownershi	ip interest.)			Date	in Positio	n .	Percent O	wnership
President:							_	·	
Vice President:		·		· ·					·
Secretary:		<u>.</u>			· ·				<del> </del>
Treasurer:							<del></del>		
《General Manager:							· -		<u></u>
Others:	<u> </u>								
List a" affiliated companies:				· · · · · · · · · · · · · · · · · · ·			<del></del>		
Se f original, signed applic California Automobile Assigne । PO Box 7917 San Francisco, CA 94120-791	ed Risk Plan	iey order	and	required	attacr	ıments	s to:		

AIP 1251 CA COMMERCIAL APPLICATION (Rev 12/10) - Page 1 NOTE: For items where space is insufficient, use Remarks Section.

Are there any principal operators 55 years of age or older who have successfully completed a Mature Driver Improvement Course approved by Callfornia DMV? Yes No if "Yes" attach a copy of the certificate attesting to such successful completion.  For applicants with more than four operators, all additional operators must be listed on an AIP 38 Supplemental Operator Schedule and mailed with the original application to the Plan.  SECTION 6. ACCIDENTS  Has applicant, or anyone who usually drives the applicant's vehicle(s), been involved, either as owner or operator, in ANY motor vehicle accider during the past THIRTY-SIX months? Yes No if "Yes", complete the following.  Name of Operator Date: Code*	۲.	SECTION 5. OPERATOR IN		rives a		-time, and any o	ther oper	ator that usu	ally	TOTAL N		
Are there any principal operators 55 years of age or older who have successfully completed at Mature Driver Improvement Course approved by California DMV?		Last Nar	ne.		FI	rst Name	МІ	Birth MM/D	Date D/YY			Sta
Are there any principal operators 55 years of age or older who have successfully completed a Mature Driver improvement Course approved by California DMV?		ice -		_								
California DMV7   Yes   No   if "Yes" statch a copy of the certificate attesting to such successful completion.	2				· · · · · · · · · · · · · · · · · · ·					-		
California DMV   Yes	v.	· ,										
California DMV7   Yes												
Name of Operator   Code   Code   Place of Position   Place of Position   Place of Ordifor   Code   Place of Position   Place of Ordifor   Place of Ord	がある。	Callfornia DMV? ☐ Yes For applicants with Supplemental Opera	□ No If "Y	es" atta	ch a copy of	f the certificate a	attesting t	o such succ	ssful co	mpletion.		
Name of Operator    Accident   Date		Has applicant, or anyone who	usually drives the	applicar	nt's vehicle(s)	, been involved,	either as o		itor, in Al	VY motor v	ehicle ac	cident
Name of Operator    Date   MM/OD/YY   Code   City   State:   Bodily Injury   Code   City   State:   Bodily Injury   Code   City   City   State:   City   State:   City   C	1	during the past THIRTY-SIX I						<del>                                     </del>	· · · · · · · · · · · · · · · · · · ·	. Dr D-		
**Accident Codes** 1. **Applicant's motor vehicle lawfully parked. **Damaged by "Hit and Run" driver and accident reported to police within 24 hours from time of accident. **Applicant reimbursed by or on behalf of person responsible for the accident or has judgment against such person. **Applicant reimbursed by or on behalf of person responsible for the accident or has judgment against such person. **Applicant reimbursed by or on behalf of person responsible for the accident or has judgment against such person. **Applicant reimbursed by or on behalf of person responsible for the accident or has judgment against such person. **Applicant reimbursed by or on behalf of person responsible for the accident or has judgment against such person. **Applicant reimbursed by or on behalf of person responsible for the accident or has judgment against such person. **Applicant reimbursed by or on behalf of person responsible for the accident or has judgment against such person. **Applicant reimbursed by or on behalf of person responsible for the accident in space provided below.  **SECTION 7. CONVICTIONS**  Has the applicant or anyone who usually drives the applicant's vehicle(s) been CONVICTED or FORFEITED BAIL, at any time during the limmediately preceding THIRTY-SIX months? Convicted		Name of Operator	Date	Cade*			<u> </u>			(incl. you	rown)	Pena Poin
Accident Codes  1. Applicant's motor vehicle lawfully parked.  Damaged by "Hit and Run" driver and accident reported to police within 24 hours from time of accident.  Applicant reimbursed by or on behalf of person responsible for the accident or has judgment against such person.  Applicant reimbursed by or on behalf of person responsible for the accident or has judgment against such person.  Police person involved in accident was convicted. Applicant or operator was not convicted.  Police or Fire Department or First Ald Squad responding to an emergency call.  City of accident in space provided below.  SSCTIONT. CONVICTIONS  Has the applicant or anyone who usually drives the applicant's vehicle(s) been CONVICTED or FORFEITED BAIL.at any time during the immediately preceding THIRTY-SIX months? Convicted  Pss No If "Yes", for either item, complete the lightly preceding THIRTY-SIX months? Conviction or ball forfeiture with a national provided or fire part of part	ľ			<del></del>	1			☐ Yes	□ No	\$		
Accident Codes  1. Applicant's motor vehicle lawfully parked.  Damaged by "Hit and Run" driver and accident reported to police within 24 hours from time of accident.  Applicant reimbursed by or on behalf of person responsible for the accident or has judgment against such person.  Applicant reimbursed by or on behalf of person responsible for the accident or has judgment against such person.  Police or Fire Department or First Ald Squad responding to an emergency call.  B. Other type of accident - non-chargeable under provisions of the Plan. Describe accident in space provided below.  SSCTION 7. CONVICTIONS  Has the applicant or anyone who usually drives the applicant's vehicle(s) been CONVICTED or FORFEITED BAIL at any time during the immediately preceding THIRTY-SIX months? Convicted	T	<del></del>		· · · · · · · · · · · · · · · · · · ·				☐ Yes	E No			<del></del>
**Accident Codes 1. **Applicant's motor vehicle lawfully parked. **Damaged by "Hit and Run" driver and accident reported to police within 24 hours from time of accident. **Applicant reimbursed by or on behalf of person responsible for the accident or has judgment against such person. **Applicant reimbursed by or on behalf of person responsible for the accident or has judgment against such person. **Applicant reimbursed by or on behalf of person responsible for the accident or has judgment against such person. **Applicant reimbursed by or on behalf of person responsible for the accident or has judgment against such person. **Applicant reimbursed by or on behalf of person responsible for the accident or has judgment against such person. **Applicant or anyone who usually drives the applicant or anyone who usually drives the applicant or anyone who usually drives the applicant's vehicle(s) been CONVICTED or FORFEITED BAIL_at any time during the immediately preceding THIRTY-SIX months? Convicted	r				<del> </del>		<del></del>			<u> </u>		
**Accident Codes**  1. **Applicant's motor vehicle lawfully parked.**  **Damaged by "Hit and Run" driver and accident reported to police within 24 hours from time of accident.  **Applicant reimbursed by or on behalf of person responsible for the accident or has judgment against such person.  **Other person involved in accident was convicted. Applicant or operator was not convicted.  **Police or Fire Department or First Aid Squad responding to an emergency call.  **B. Other type of accident - non-chargeable under provisions of the Plan. Describe accident in space provided below.  **SECTION 7. CONVICTIONS**  **Has the applicant or anyone who usually drives the applicant's vehicle(s) been CONVICTED or FORFEITED BAIL.at any time during the immediately preceding THIRTY-SIX months? Convicted					<del>                                     </del>					<del> </del>	<del></del>	
1. Applicant's motor vehicle lawfully parked. Damaged by "Hit and Run" driver and accident reported to police within 24 hours from time of accident. Applicant reimbursed by or on behalf of person responsible for the accident or has judgment against such person. To ther person involved in accident was convicted. Applicant or operator was not convicted. Solice or Fire Department or First Aid Squad responding to an emergency call. Corner type of accident - non-chargeable under provisions of the Plan. Describe accident in space provided below.  SECTION 7. CONVICTIONS  Has the applicant or anyone who usually drives the applicant's vehicle(s) been CONVICTED or FORFEITED BAIL at any time, during the limmediately preceding THIRTY-SIX months? Convicted	۲	**************************************	لينصينان	<u></u>	<u> </u>		<u> </u>	103	- 140	*		
Name of Operator    Date of Conviction or ball forfeiture Mo/Day/Yr.   Result of an Accident?   Nature of Conviction   City   State   Penalty Points   Suspende or Revoked   Penalty Points   Suspende or Revoked   Penalty Points    103	Other person involved in a 6. Police or Fire Department 6. Other type of accident - no SECTION 7. CONVICTIONS	occident was convic or First Aid Squad n-chargeable unde	ted. Appression	licant or ope ing to an eme ons of the Pl	rator was not cor ergency call, an. Describe acc	ident in sp	ace provided	below.				
Section 8. commodities transported  Specify goods transported in all vehicles: Identify any hazardous materials, waste or substances being hauled: Identify radius of operations. Number of straight-line, air miles from garaging to furthest destination to which vehicle travels in one direction. Including the work of trips in each radius class (Must equal 100%).  O – 50 Miles% 51 – 200 Miles% 201 + Miles%  Reliftes (both outgoing and return):  Trips From Place of Origin To Place of Destination   % of Revenues   Principal Cities entered   Commodities Carried   Commodities   Carried   Commodities   Carried   Commodities   Carried		4% Other person involved in a 5. Police or Fire Department 6. Other type of accident - no SECTION 7. CONVICTIONS Has the applicant or anyone with mmediately preceding THIRTY	iccident was convictor First Aid Squad in-chargeable under the usually drives the convictor of the convictor of the usually drives the usually drives the convictor of the usually drives the usually drives the convictor of the usually drives the us	respond respond r provisi ne applic	olicant or ope ing to an emo ons of the Plants ant's vehicle Yes	rator was not corergency call, an. Describe acc	TED or For Sail ☐ Yes a conviction	DRFEITED B	below. AIL at an 'es", for e	y time duni Ither item,	ng the complete	e lhe
SecTION 8. COMMODITIES TRANSPORTED  Specify goods transported in all vehicles: Identify any hazardous materials, waste or substances being hauled: Identify radius of operations. Number of straight-line, air miles from garaging to furthest destination to which vehicle travels in one direction. Including the work of trips in each radius class (Must equal 100%).  O – 50 Miles		Other person involved in a police or Fire Department of Police or Fire Department of Control of Section 7. Convictions  Has the applicant or anyone with mmediately preceding THIRTY following. NOTE: A paid ticket	ccident was convic or First Aid Squad in-chargeable under the usually drives the f-SIX months? Co or fine is an admis Date of Conviction or ball forfeiture	responder provision e applicanticted sion of g	ant's vehicled	rator was not corergency call, an. Describe accions (s) been CONVIC No Forfelted Bafore constitutes  Nature of	TED or For Sail ☐ Yes a conviction	DRFEITED B  No If "\n.	AIL at any es", for e	Ilher item,	Was L	icense ended
SecTION 8. COMMODITIES TRANSPORTED  Specify goods transported in all vehicles: Identify any hazardous materials, waste or substances being hauled: Identify radius of operations. Number of straight-line, air miles from garaging to furthest destination to which vehicle travels in one direction. Including the % of trips in each radius class (Must equal 100%).  O – 50 Miles% 51 – 200 Miles% 201 + Miles%  Refites (both outgoing and return):  Trips From Place of Origin To Place of Destination  % of Revenues		Other person involved in a police or Fire Department of Police or Fire Department of Control of Section 7. Convictions  Has the applicant or anyone with mmediately preceding THIRTY following. NOTE: A paid ticket	ccident was convic or First Aid Squad in-chargeable under the usually drives the f-SIX months? Co or fine is an admis Date of Conviction or ball forfeiture	respond respond respond respond respond respond sion of g	ant's vehicler ant's vehicler ant's vehicler byes bill and there Did conviction rise as a esult of an Accident?	rator was not corergency call, an. Describe accions (s) been CONVIC No Forfelted Bafore constitutes  Nature of	TED or For Sail ☐ Yes a conviction	DRFEITED B  No If "\n.	AIL at any es", for e	Ilher item,	Was I Susp or Rev	lcense ended /oked?
Specify goods transported in all vehicles: Identify any hazardous materials, waste or substances being hauled: Identify radius of operations. Number of straight-line, air miles from garaging to furthest destination to which vehicle travels in one direction. Including the % of trips in each radius class (Must equal 100%).  O – 50 Miles		Other person involved in a police or Fire Department of Police or Fire Department of Control of Section 7. Convictions  Has the applicant or anyone with mmediately preceding THIRTY following. NOTE: A paid ticket	ccident was convic or First Aid Squad in-chargeable under the usually drives the f-SIX months? Co or fine is an admis Date of Conviction or ball forfeiture	respond or provision of g	ilicant or ope ing to an emoons of the Plant's vehicle.  The yes utility and there is a point of the plant of	rator was not corergency call, an. Describe accions (s) been CONVIC No Forfelted Enfore constitutes  Nature of Conviction	TED or For Sail ☐ Yes a conviction	DRFEITED B  No If "\n.	AIL at any es", for e	Ilher item,	Was L Susp or Rev	Icense ended /oked?
Specify goods transported in all vehicles:  Identify any hazardous materials, waste or substances being hauled: Identify radius of operations. Number of straight-line, air miles from garaging to furthest destination to which vehicle travels in one direction. Including the % of trips in each radius class (Must equal 100%).  0 – 50 Miles% 201 + Miles%  Relites (both outgoing and return):  No. of Trips Trips From Place of Origin To Place of Destination  % of Revenues  per Vehicle  Principal Cities entered  Commodities Carried		Other person involved in a police or Fire Department of Police or Fire Department of Control of Section 7. Convictions  Has the applicant or anyone with mmediately preceding THIRTY following. NOTE: A paid ticket	ccident was convic or First Aid Squad in-chargeable under the usually drives the f-SIX months? Co or fine is an admis Date of Conviction or ball forfeiture	e applic nvicted sion of g	ant's vehicler ant's vehicler ant's vehicler byes built and there Did conviction Arise as a esult of an accident? Yes byes No	rator was not corergency call, an. Describe accions (s) been CONVIC No Forfelted Enfore constitutes  Nature of Conviction	TED or For Sail ☐ Yes a conviction	DRFEITED B  No If "\n.	AIL at any es", for e	Ilher item,	Was L Susp or Rev U Yes	Icense ended roked?
Identify any hazardous materials, waste or substances being hauled: Identify radius of operations. Number of straight-line, air miles from garaging to furthest destination to which vehicle travels in one direction. Including the % of trips in each radius class (Must equal 100%).  O – 50 Miles% 51 – 200 Miles% 201 + Miles%  Relites (both outgoing and return):  No. of Trips Trips From Place of Origin To Place of Destination  % of Revenues  per Vehicle  Principal Cities entered  Commodities Carried		Other person involved in a police or Fire Department of Police or Fire Department of Control of Section 7. Convictions  Has the applicant or anyone with mmediately preceding THIRTY following. NOTE: A paid ticket	ccident was convic or First Aid Squad in-chargeable under the usually drives the f-SIX months? Co or fine is an admis Date of Conviction or ball forfeiture	ne application of g	ant's vehicler ant's vehicler ant's vehicler ves until and there Did conviction Arise as a esult of an Accident? Yes No Yes No	rator was not corergency call, an. Describe accions (s) been CONVIC No Forfelted Enfore constitutes  Nature of Conviction	TED or For Sail ☐ Yes a conviction	DRFEITED B  No If "\n.	AIL at any es", for e	Ilher item,	Was L Susp or Rev O Yes	icense ended /oked? □ No
Identify radius of operations. Number of straight-line, air miles from garaging to furthest destination to which vehicle travels in one direction. Including the % of trips in each radius class (Must equal 100%).    0 - 50 Miles	11日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日	Other person involved in a 5. Police or Fire Department 6. Other type of accident - no SECTION 7. CONVICTIONS Has the applicant or anyone wimmediately preceding THIRTY collowing. NOTE: A paid ticket Name of Operator	ccident was convic or First Aid Squad in-chargeable under ho usually drives tr (-SIX months? Co or fine is an admis Date of Conviction or ball forfeiture Mo./Day/Yr.	ne application of g	ant's vehicler ant's vehicler ant's vehicler ves until and there Did conviction Arise as a esult of an Accident? Yes No Yes No	rator was not corergency call, an. Describe accions (s) been CONVIC No Forfelted Enfore constitutes  Nature of Conviction	TED or For Sail ☐ Yes a conviction	DRFEITED B  No If "\n.	AIL at any es", for e	Ilher item,	Was L Susp or Rev O Yes	icense ended /oked? □ No
0 - 50 Miles% 51 - 200 Miles% 201 + Miles%  Relites (both outgoing and return):    No. of Trips   Principal Cities entered   Commodities Carried   Commodities   Carried   Ca	S S S	Other person involved in a 5. Police or Fire Department 6. Other type of accident - no SECTION 7. CONVICTIONS  Has the applicant or anyone wimmediately preceding THIRTY following. NOTE: A paid ticket Name of Operator  SECTION 8. COMMODITIES TO Executive goods transported in all	ccident was conviction or First Aid Squad on-chargeable under the usually drives the conviction of the san admistance of Conviction ball forfeiture Mo./Day/Yr.	ted. Apprespond or provisi ne applic nvicted sion of g	ant's vehicled and the reconstruction and the	rator was not corergency call, an. Describe accions (s) been CONVIC No Forfelted Enfore constitutes  Nature of Conviction	TED or For Sail ☐ Yes a conviction	DRFEITED B  No If "\n.	AIL at any es", for e	Ilher item,	Was L Susp or Rev O Yes	icense ended /oked? □ No
Rolltes (both outgoing and return):  No. of Trips Trips From Place of Orlgin To Place of Destination % of Revenues per Vehicle Principal Cities entered Commodities Carried	S I I	Other person involved in a 5. Police or Fire Department 6. Other type of accident - no SECTION 7. CONVICTIONS Has the applicant or anyone wimmediately preceding THIRTY following. NOTE: A paid ticket Name of Operator  SECTION 8. COMMODITIES Topecify goods transported in all dentify any hazardous material.	ccident was convictor First Aid Squad in-chargeable under ho usually drives the conviction or fine is an admist Date of Conviction ball forfeiture Mo./Day/Yr.  RANSPORTED vehicles: s, waste or substantial square conviction or convintentity.	ted. Apprespond respond respon	ant's vehicled and the vehicle and the vehicled and veh	rator was not corergency call, an. Describe accidence (s) been CONVIC No Forfelted Before constitutes  Nature of Conviction	TED or Foreign Yes a conviction	DRFEITED B  No If "\ n. lice of Convict  City	below.  AIL.at any es , for e	Penalty Points	Was L Susp or Rev O Yes O Yes O Yes	Jicense ended roked?
No. of Trips Trips From Place of Origin To Place of Destination % of Revenues per Vehicle Principal Cities entered Commodities Carried	S I I	Other person involved in a 5. Police or Fire Department 6. Other type of accident - no SECTION 7. CONVICTIONS Has the applicant or anyone wimmediately preceding THIRTY following. NOTE: A paid ticket Name of Operator  SECTION 8. COMMODITIES Topecify goods transported in all dentify any hazardous material.	ccident was convictor First Aid Squad in-chargeable under ho usually drives the conviction or fine is an admist Date of Conviction ball forfeiture Mo./Day/Yr.  RANSPORTED vehicles: s, waste or substantial square conviction or convintentity.	ted. Apprespond respond respon	ant's vehicled and the vehicle and the vehicled and veh	rator was not corergency call, an. Describe accidence (s) been CONVIC No Forfelted Before constitutes  Nature of Conviction	TED or Foreign Yes a conviction	DRFEITED B  No If "\ n. lice of Convict  City	below.  AIL.at any es , for e	Penalty Points	Was L Susp or Rev O Yes O Yes O Yes	Jicense ended roked?
Trips From Place of Origin To Place of Destination   % of Revenues   per Vehicle   Principal Cities entered   Commodities Carried	S lo lott	Other person involved in a 5. Police or Fire Department 6. Other type of accident - no SECTION 7. CONVICTIONS  Has the applicant or anyone wimmediately preceding THIRTY following. NOTE: A paid ticket Name of Operator  Name of Operator  SECTION 8. COMMODITIES 1. Specify goods transported in all dentify any hazardous material tentify radius of operations. Nurse % of trips in each radius clare.	ccident was convictor First Aid Squad in-chargeable under housually drives the conviction of the san admister of Conviction ball forfelture Mo./Day/Yr.  RANSPORTED vehicles:  s, waste or substanting of Straight-lines (Must equal 10)	ted. Apprespond or provision provision of good Appress on Control Appr	ant's vehicled and there as a esult of an Accident?  Yes   No Y	rator was not corergency call, an. Describe accidence of the constitutes of Conviction aging to furthest constitutes of the conviction of	TED or Formula in Spania	DRFEITED B  No If "\ n. Ice of Convict  City  to which vehi	All at any est, for est for es	Penalty Points	Was L Susp or Rev O Yes O Yes O Yes	Jicense ended roked?
	S S Ichita	Other person involved in a by Police or Fire Department by Police or P	ccident was convictor First Aid Squad in-chargeable under his usually drives the SIX months? Co or fine is an admis Date of Conviction ball forfeiture Mo./Day/Yr.  RANSPORTED vehicles: s, waste or substantinumber of straight-lines (Must equal 100 51 – 200 Mi	ted. Apprespond or provision provision of good Appress on Control Appr	ant's vehicled and there as a esult of an Accident?  Yes   No Y	rator was not corergency call, an. Describe accidence of the constitutes of Conviction aging to furthest constitutes of the conviction of	TED or Formula in Spania	DRFEITED B  No If "\ n. Ice of Convict  City  to which vehi	All at any est, for est for es	Penalty Points	Was L Susp or Rev O Yes O Yes O Yes	Jicense ended roked?
	S S loicht O R	Other person involved in a 5. Police or Fire Department 6. Other type of accident - no SECTION 7. CONVICTIONS  Has the applicant or anyone wimmediately preceding THIRTY collowing. NOTE: A paid ticket Name of Operator  SECTION 8. COMMODITIES To specify goods transported in all dentify any hazardous material dentify radius of operations. Nume % of trips in each radius classes of trips in each radius classes of the collection of trips in each radius classes. Since the collection of the collection of trips in each radius classes of the collection of trips in each radius classes.	ccident was convictor First Aid Squad in-chargeable under his usually drives the SIX months? Co or fine is an admis Date of Conviction ball forfeiture Mo./Day/Yr.  RANSPORTED vehicles: s, waste or substantinum of straight-lines (Must equal 10) 51 — 200 Mil.	ne applicated applicat	licant or ope ing to an emons of the Plant's vehicle( □ Yes □ utilit and there □ Did Conviction Arise as a esult of an Accident? Yes □ No Yes □ No Yes □ No Yes □ No Hes from gara	rator was not corergency call, an. Describe accions of the constitutes of conviction of the conviction	ident in sp.	DRFEITED B  No If "\ n.  Ice of Convict  City  to which veh	All at any est of the state of	Penalty Points	Was L Susp or Rev I Yes I Yes I Yes	Joense enked? D N
	S S loicht O R	Other person involved in a 5. Police or Fire Department 6. Other type of accident - no SECTION 7. CONVICTIONS  Has the applicant or anyone wimmediately preceding THIRTY collowing. NOTE: A paid ticket Name of Operator  SECTION 8. COMMODITIES To specify goods transported in all dentify any hazardous material dentify radius of operations. Nume % of trips in each radius classes of trips in each radius classes of the collection of trips in each radius classes. Since the collection of the collection of trips in each radius classes of the collection of trips in each radius classes.	ccident was convictor First Aid Squad in-chargeable under his usually drives the SIX months? Co or fine is an admis Date of Conviction ball forfeiture Mo./Day/Yr.  RANSPORTED vehicles: s, waste or substantinum of straight-lines (Must equal 10) 51 — 200 Mil.	ne applicated applicat	licant or ope ing to an emons of the Plant's vehicle( □ Yes □ utilit and there □ Did Conviction Arise as a esult of an Accident? Yes □ No Yes □ No Yes □ No Yes □ No Hes from gara	rator was not corergency call, an. Describe accions of the constitutes of conviction of the conviction	ident in sp.	DRFEITED B  No If "\ n.  Ice of Convict  City  to which veh	All at any est of the state of	Penalty Points	Was L Susp or Rev I Yes I Yes I Yes	Joense ended / No.
	S S loicht O R	Other person involved in a 5. Police or Fire Department 6. Other type of accident - no SECTION 7. CONVICTIONS  Has the applicant or anyone wimmediately preceding THIRTY collowing. NOTE: A paid ticket Name of Operator  SECTION 8. COMMODITIES To specify goods transported in all dentify any hazardous material dentify radius of operations. Nume % of trips in each radius classes of trips in each radius classes of the collection of trips in each radius classes. Since the collection of the collection of trips in each radius classes of the collection of trips in each radius classes.	ccident was convictor First Aid Squad in-chargeable under his usually drives the SIX months? Co or fine is an admis Date of Conviction ball forfeiture Mo./Day/Yr.  RANSPORTED vehicles: s, waste or substantinum of straight-lines (Must equal 10) 51 — 200 Mil.	ne applicated applicat	licant or ope ing to an emons of the Plant's vehicle( □ Yes □ utilit and there □ Did Conviction Arise as a esult of an Accident? Yes □ No Yes □ No Yes □ No Yes □ No Hes from gara	rator was not corergency call, an. Describe accions of the constitutes of conviction of the conviction	ident in sp.	DRFEITED B  No If "\ n.  Ice of Convict  City  to which veh	All at any est of the state of	Penalty Points	Was L Susp or Rev I Yes I Yes I Yes	Joense ended / No.
	S S loicht O R	Other person involved in a 5. Police or Fire Department 6. Other type of accident - no SECTION 7. CONVICTIONS  Has the applicant or anyone wimmediately preceding THIRTY collowing. NOTE: A paid ticket Name of Operator  SECTION 8. COMMODITIES To specify goods transported in all dentify any hazardous material dentify radius of operations. Nume % of trips in each radius classes of trips in each radius classes of the collection of trips in each radius classes. Since the collection of the collection of trips in each radius classes of the collection of trips in each radius classes.	ccident was convictor First Aid Squad in-chargeable under his usually drives the SIX months? Co or fine is an admis Date of Conviction ball forfeiture Mo./Day/Yr.  RANSPORTED vehicles: s, waste or substantinum of straight-lines (Must equal 10) 51 — 200 Mil.	ne applicated applicat	licant or ope ing to an emons of the Plant's vehicle( □ Yes □ utilit and there □ Did Conviction Arise as a esult of an Accident? Yes □ No Yes □ No Yes □ No Yes □ No Hes from gara	rator was not corergency call, an. Describe accions of the constitutes of conviction of the conviction	ident in sp.	DRFEITED B  No If "\ n.  Ice of Convict  City  to which veh	All at any est of the state of	Penalty Points	Was L Susp or Rev I Yes I Yes I Yes	Joense enked? D N
	S S loicht O R	Other person involved in a 5. Police or Fire Department 6. Other type of accident - no SECTION 7. CONVICTIONS  Has the applicant or anyone wimmediately preceding THIRTY collowing. NOTE: A paid ticket Name of Operator  SECTION 8. COMMODITIES To specify goods transported in all dentify any hazardous material dentify radius of operations. Nume % of trips in each radius classes of trips in each radius classes of the collection of trips in each radius classes. Since the collection of the collection of trips in each radius classes of the collection of trips in each radius classes.	ccident was convictor First Aid Squad in-chargeable under his usually drives the SIX months? Co or fine is an admis Date of Conviction ball forfeiture Mo./Day/Yr.  RANSPORTED vehicles: s, waste or substantinum of straight-lines (Must equal 10) 51 — 200 Mil.	ne applicated applicat	licant or ope ing to an emons of the Plant's vehicle( □ Yes □ utilit and there □ Did Conviction Arise as a esult of an Accident? Yes □ No Yes □ No Yes □ No Yes □ No Hes from gara	rator was not corergency call, an. Describe accions of the constitutes of conviction of the conviction	ident in sp.	DRFEITED B  No If "\ n.  Ice of Convict  City  to which veh	All at any est of the state of	Penalty Points	Was L Susp or Rev I Yes I Yes I Yes	Jicense ended voked? □ No □ No
	S S loicht O R	Other person involved in a 5. Police or Fire Department 6. Other type of accident - no SECTION 7. CONVICTIONS  Has the applicant or anyone wimmediately preceding THIRTY collowing. NOTE: A paid ticket Name of Operator  SECTION 8. COMMODITIES To specify goods transported in all dentify any hazardous material dentify radius of operations. Nume % of trips in each radius classes of trips in each radius classes of the collection of trips in each radius classes. Since the collection of the collection of trips in each radius classes of the collection of trips in each radius classes.	ccident was convictor First Aid Squad in-chargeable under his usually drives the SIX months? Co or fine is an admis Date of Conviction ball forfeiture Mo./Day/Yr.  RANSPORTED vehicles: s, waste or substantinum of straight-lines (Must equal 10) 51 — 200 Mil.	ne applicated applicat	licant or ope ing to an emons of the Plant's vehicle( □ Yes □ utilit and there □ Did Conviction Arise as a esult of an Accident? Yes □ No Yes □ No Yes □ No Yes □ No Hes from gara	rator was not corergency call, an. Describe accions of the constitutes of conviction of the conviction	ident in sp.	DRFEITED B  No If "\ n.  Ice of Convict  City  to which veh	All at any est of the state of	Penalty Points	Was L Susp or Rev I Yes I Yes I Yes	Joense ended / No.

SEC	TION 9. VE	EHICLE INFORMATION AN	JUSE F	or long	distance	e, list ci	ties in w	uicu veuiciés	operate	IOIAL	. VEHICLI	E 8
Veh	Yest	Vehicle Identification No.	Load Capacity (2)	Type of Registrat	ion	Weight (C TRUCKS	HICLE SWY) ONLY	Specintary (IAT-FD-5D: WD F-D-C-L-O)	Besing- Capacity	Loss Payes Name		
No.	Trade Name Model No.	: Garage Location (City/State/Zip Code)	State of Registration	Rating Classifica	ibori	(GCW) T	imio Welgou. ruiche ordy	For their Bin Part (L-1-LD)	Tank Capacity	Loss Payes Address		,
	Type (1)	Name of Registered Owner of Vehicle	Raing Testiony (3)	Orig. Cost New (4)	Comp. Symbol	Coll. Symbol	Size (L-M-H- EH-HT- EHT)	Final Rating	How yeh. is licensed	Loss Payee City, State,	ŻIp Code	
73. 33.	Where vahicle i	a permitted to operate.		List all cit	les through an	nd in which ve	hicles operate					
/Y/h . 1				<del> </del>								
				Ļ	Τ		Γ				<del></del>	, <del> </del>
			<u> </u>	r <del>'</del>	<u></u>	L			<del></del>		<del></del>	<del></del>
			<del></del>				<del>i</del>	· · · · · · · · · · · · · · · · · · ·		·····		
Ven 2					· ·					<del></del>		
		· · · · · · · · · · · · · · · · · · ·		<u> </u>	<del></del>		أنبينا					
										<u></u>		
		(1)			 <del></del>			· · · · · · · · · · · · · · · · · · ·	· · · · · ·	·		
hin .			į.									· .
3			.,									
1						•			• • • • • • • • • • • • • • • • • • • •			
		A STATE OF THE STA			لينسنا			· · · · · · · · · · · · · · · · · · ·	t	Lifthan		
	<u> </u>			• • • • • • • • • • • • • • • • • • • •	1	<del></del>	· 1				<del></del>	
·*  -				•	-	<del></del>		<del></del>				
			<u></u>	<del>.</del>		<del></del> .	<del></del>				<del></del>	<del> </del>
							بلنسين			<del></del>	<del></del>	
					<u> </u>	<del></del>		ef	· · · · · · · · · · · · · · · · · · ·			
#  -										·		
										*****		
	. }								•			
										4,7		
) Truci ) For p ) Chas or a nd n	k-Type vehicles bublic automobles is and Body in pplicants nailed wit	uck-Tractor=TT, Trailer=TR, Semi-Tresewith Private Passenger or Combinal les, use the highest rated territory who cluding Special Equipment.  With more than five velth the original application with the original application.	ion registration a ere the vehicles hicles, all a on to the P	nd load ca pick up or o addition ian.	discharge p	icles m		isted on a S				hedule
l veh	icles written	under the same policy shall becomes to indicate limits/deductible	ave the same				Vehicle Est, Pre	1 Vehicle			/ehicle 4 st. Prem.	Vehicle 5 Est. Prem.
dily	Injury/Prop	erty Damage Combined (CS	SL)		7							
			Other				<del></del> .		-		<del></del>	
oper	ty Damage	□ \$5,000 □	Other		<u></u>				1			
ninsu	red Motoris	sts - Bl 🛛 \$15,000/\$30,0	00 .□ Oth	er						:		
าเกรน	red Motoris	sts - PD (PPA's only)	\$3,500 🗆 C	other		_		<u>.</u>				
phow	ned Auto L	iablilty Çoverage – (Comple	te Section 10	o.c. if rec	uested)					e (* .		
		ge – Annual Cost of Hire: \$_										
		(PPA's only)	□ \$1,000						1			
		remium per vehicle					\$	\$	.   \$	\$	· · · · ·	\$
		remium for vehicles 1–5	hlolos			•	· · · · · · · · · · · · · · · · · · ·				.   \$   \$	
		remium for supplemental vel remium for all vehicles	IIICIOS				<del></del>				\$	<del></del>
		PD LIMITS WILL BE ISS	LIED AT M	INIMI	M EINA	NCIAL	RESPO	NSIBIL ITV I	IMITS A	S REOU		/ LAW
		INSURED.										

# SECTION 10.8. COVERAGE FOR ACTS OF UNINSURED MOTORISTS: CALIFORNIA

<u>DELETION OF COVERAGE</u>: The California Insurance Code requires an insurer to provide uninsured motorists coverage in each bodily injury liability insurance policy it issues covering liability arising out of the ownership, maintenance, or use of a motor vehicle. Those provisions also permit the insurer and the applicant to delete the coverage completely or to delete the coverage when a motor vehicle is operated by a natural person or persons designated by name. Uninsured motorists coverage insures the insured, his or her heirs or legal representatives for all sums within the limits established by law, which such person or persons are legally entitled to recover as damages for bodily injury, including any resulting sickness, disease, or death, to the insured from the owner or operator of an uninsured motor vehicle not owned or operated by the Insured or a resident of the same household. An uninsured motor vehicle includes an underinsured motor vehicle as defined in subdivision (p) of Section 11580.2 of the Insurance Code.

REDUCTION OF COVERAGE: The Uninsured Motorists provisions also permit the insurer and the applicant to agree to provide the coverage in an amount less than that required by subdivision (m) of Section 11580,2 of the Insurance Code but not less than the financial responsibility requirements.

DAMAGE TO YOUR VEHICLE: (This provision Applies Only to Private Passenger Vehicles That Are Subject to Commercial Assignment) In addition, the California insurance Code requires insurers to offer coverage for damage to your vehicle caused by an uninsured motor vehicle to the extent that you, the insured party, are legally entitled to recover from the owner or operator of the uninsured motor vehicle. Such property damage coverage will either: (1) pay the collision deductible on the insured motor vehicle, if it is covered by collision insurance, or (2) pay for damage to the insured motor véhicle, if it is not covered by collision insurance. This coverage will not pay for damage to personal property other than the vehicle or for loss of use of the vehicle, and it will not exceed the smallest of any the following: (1) The amount of the collision deductible; (2) the actual cash value of the insured motor vehicle; or (3) \$3,500. You may reject uninsured motorist coverage completely or reject it only when an insured motor vehicle is operated by a natural person or persons that you designate by name. If you reject uninsured motorist coverage for bodily injury, you must also reject uninsured motorist coverage coverage, however, you may elect to obtain uninsured motorist bodily injury coverage without obtaining uninsured motorist property damage coverage.

ALL RISKS: It shall be presumed that an application for a policy of bodily injury liability insurance containing uninsured motorist coverage if an amount less than that required by insurance Code Section 11580.2, Subdivision (m), signed by you (the named insured) and approved by the insurer, shall be a valid agreement as to the amount of uninsured motorist coverage to be provided.

### SECTION 10.b. REJECTION OF UNINSURED MOTORIST COVERAGE

I understand that if I reject uninsured motorist coverage, and if I am injured by a person driving without motor vehicle insurance, I may be unable to recover any significant amount of money to cover the costs of my injuries or of damage to my motor vehicle. I have applied this day for coverage under an automobile liability insurance policy; and the company providing such coverage and I have agreed as follows to delete uninsured motorist coverage from that insurance policy:

- 1. 

  I elect to delete completely uninsured motorist coverage for all insureds.
- 2, 🔲 l elect to retain uninsured motorist coverage at reduced limits of \$15,000 per person or \$30,000 per accident.
- 3. 🖂 l elect to retain uninsured motorist coverage at reduced limits of \$25,000 per person or \$50,000 per accident.

The following elections apply to applicants wishing to insure at least one private passenger vehicle that is subject to commercial assignment:

- 4. 🔲 l elect to delete uninsured motorist coverage for property damage coverage but retain uninsured motorist coverage for bodily injury.
- 5. 🖂 I elect to delete uninsured motorist coverage for property damage but retain uninsured motorist coverage for bodily injury at reduced limits of \$15,000 per person or \$30,000 per accident.

Date Hour

DAM DPM

6. 
☐ I elect to delete uninsured motorist coverage for property damage but retain uninsured motorist coverage for bodily injury at reduced limits of \$25,000 per person or \$50,000 per accident.

Name of Insurance Company  Policy No.  Name of Firm/Carrier  Type of Business  Description of any owned, leased, hired, and non-owned vehicles, which are not to be insured.  Year  Trade Make  Body Type  Vehicle Identification No.  Total No. Employees  The number of employees that use their own (unspecified) vehicles in the applicant's business?  Prepared Food Delivery Operations:  Estimated Total Delivery Sales for Policy Period: \$	while such policy is in force, and it she insured, or with respect to reinstaten	nall continue to be so binding with resp	pect to any continuation, renewal or any lapse thereof.	ch policy or endorsement provisions apply replacement of such policy by the named RSTAND IT.
If "Yes" complete the following.  Name of Insurance Company  Policy No.  Name of Firm/Carrier  Type of Business  Description of any owned, leased, hired, and non-owned vehicles, which are not to be insured.  Year  Trade Make  Body Type  Vehicle Identification No.  Total No. Employees  The number of employees that use their own (unspecified) vehicles in the applicant's business?  Prepared Food Delivery Operations:  Estimated Total Delivery Sales for Policy Period: \$	SECTION 10.c. NONOWNED AUTO	LIABILITY COVERAGE	Check here if desired.	Primary   Excess
Address of Insurance Company  Description of any owned, leased, hired, and non-owned vehicles, which are not to be insured.  Year  Trade Make  Body Type  Vehicle Identification No.  Total No. Employees  The number of employees that use their own (unspecified) vehicles in the applicant's business?  Prepared Food Delivery Operations:  Estimated Total Delivery Sales for Policy Period: \$	Are any other vehicles owned by the if "Yes" complete the following.	Applicant? ☐ Yes ☐ No		vely for one firm/carrier? ☐ Yes ☐ No
Description of any owned, leased, hired, and non-owned vehicles, which are not to be insured.  Year  Trade Make  Body Type  Vehicle Identification No.  Total No. Employees  The number of employees that use their own (unspecified) vehicles in the applicant's business?  Prepared Food Delivery Operations:  Estimated Total Delivery Sales for Policy Period: \$	Name of Insurance Company	Policy No.	Name of Firm/Carrier	
Year Trade Make Body Type Vehicle Identification No.  Total No. Employees The number of employees that use their own (unspecified) vehicles in the applicant's business?  Prepared Food Delivery Operations: Estimated Total Delivery Sales for Policy Period: \$	Address of Insurance Company		Type of Business	
Total No. Employees The number of employees that use their own (unspecified) vehicles in the applicant's business? Prepared Food Delivery Operations: Estimated Total Delivery Sales for Policy Period: \$	Description of any owned, leased, hir	ed, and non-owned vehicles, which a	are not to be insured.	
Total No. Employees The number of employees that use their own (unspecified) vehicles in the applicant's business?  Prepared Food Delivery Operations: Estimated Total Delivery Sales for Policy Period: \$	Year	Trade Make	Body Type	Vehicle Identification No.
Total No. Employees The number of employees that use their own (unspecified) vehicles in the applicant's business?  Prepared Food Delivery Operations: Estimated Total Delivery Sales for Policy Period: \$	5			
Prepared Food Delivery Operations: Estimated Total Delivery Sales for Policy Period: \$	i.			
	Total No. Employees	The number of employees that us	se their own (unspecified) vehicles i	n the applicant's business?
Attach certificates of insurance from a California-admitted company for each delivery-driver.	Prepared Food Delivery Operations:	•	· · · · · · · · · · · · · · · · · · ·	<del>.</del>

LANG TOTAL

Applicant's Signature X

SECTION 10.d, HIRED CAR COVERAGE			Rates Per \$	100	Estimated	Dramium
Check here if desired. Cost of Hire section (10.e.) must be completed.	Estimated An Cost of Hi		B.I.		B.i.	P.D.
Cost of fine section (10.8.) finds be completed.	Odarorini		B.I.	P.D.	D.I.	F.D.
☐ Primary ☐ Excess						
You MUST attach a copy of the truckers w	ritten agreemen	t with their	hired carrie	rs that con	nplies with	the
requirements outlined in Rule 75 in order t	o receive EXCE	SS coverag	ie.		<del></del>	
1, Does each hired carrier have their own coverage	e?   Yes			d? □ Y€	es 🗆 No	,
2. Are there Certificates of Insurance or Additional	Insuled Endorsen	nems on me v	Auth file linguied	יון ויי זין	50 LJ 141	J
199 199 199 199 199 199 199 199 199 199	2 . <del>112</del> . 192					<del>-</del> ·
SECTION 10.c. COST OF HIRE (For policles ra	ted under Trucker's as been issued	s Cost of Hire.	) All risks for v	vhich a broad	l form filing o	r MCS-90
The state of the s	· · · · · · · · · · · · · · · · · · ·	Current Year	1st Prior Year	2nd Prior Year	3rd Prior Year	4th Prior
Indicate the total Cost of Hire, including cost and wages,	Int vähirläs läased	1001	100,	1 our	1 1 1 1	<del> </del>
or hired on a long-term basis (over 6 months) and specific applicant as an owned automobile.		5	\$	\$	\$	\$
Indicate the total Cost of Hire, including cost and wages,	for automobiles,	1	- 4			A MITTER TO THE TOTAL
which are not specifically insured by the applicant as an care to be insured as hired automobiles.	wned vehicle but	\$	\$	\$	S	\$
Cost of Hire - Represents Total Long and Short Term Co	st of Hire.	. 5.	\$.	\$	\$	\$
SECTION 11. GROSS RECEIPTS (Required for Motor	Carriers of Property or Pa	ssengers whether	or not the policy is	to be written on (	Gross Receipts b	asis.)
Gross Receipts	Current Year	1st Prior Year	2nd Prior Ye	ar: 3rd Pr	ior Year 4	th Prior Year
Other than Truckers	\$	5	\$	\$	\$	
Truckers excluding receipts from trip leased equipment		5	\$	\$	\$	
SECTION 12. PUBLIC AUTOS	<u> </u>				<del></del>	
List all cities through and in which vehicles operate:						
		er Elma				
Where Is vehicle permitted to operate?	<del> </del>	ПОУ	v Is vehicle licen	seur		<del></del>
SECTION 13. FILINGS OR CERTIFICATES NOTE: All owned and operated vehicles must be describe	d in this application	All right for wh	ich a fillna hae l	oon made (e)	rent SR-22\ :	are subject to
cost of hire rating and nonowned auto liability coverages, sections must be completed. Applicant's name must be id rejection.	if a filing is requeste	d here, the Cos	t of Hire and No	nowned Auto	Liability Cove	rage
is filling or specific limit(s) of liability needed?   □ Yes	□ No If "Ye	es" to comply w	vith:	•		
☐ Motor Carrier Act of 1980 Type: ☐ 1 ☐ 2 ☐ 3	□ 4 □ Bus	Regulatory Ac	t of 1982 □	ICC Regulatio	n - Docket No	
O france					•	
☐ Local Ordinance (attach copy) ☐ State Regulation	LI U, S. DOI NO	·	<u></u> .ш и	MV-MCP No.		
☐ PUC No. ☐ Other	<u> </u>					÷
If block(s) are checked, list state(s) and city(ies) requiring	filings or limits of liab	oility required by	y law.		*	
is applicant required to file evidence of financial responsib	ility (SR-22)?		No If "Yes"	, complete the		<u></u>
Last Name		First Name	•	MI	License N	0.
		/				<del></del>
Type of Filing  Owner's (operation of owned vehicles)			n-owned vehicle	es) 🗆 Bot	<u>n</u>	
	•	on for Filing				
Name of any party requiring a Certificate of Insurance or A	dditional Insured En	dorsement,				
	nt in remineted	attack a e	anu of the se	renomant l	otwoon th	
When an "Additional Applicant" endorseme applicant and the additional interested party		allaçıı a Ç	aby or the at	iliaenteitt r	etween tit	×
abbusant and the againment interested harry						

AIP 1251 CA COMMERCIAL APPLICATION (Rev 12/10) - Page 5 NOTE: For items where space is insufficient, use Remarks Section.

A property of the second of th	· · · · · · · · · · · · · · · · · · ·	BE SUBMITTED WITH APPLICA	
25% of total estimated premium or minimum depos	it per vehicle, whic	hever is greater, is required as	a DEPOSIT.
☐ Option 1 - Full Annual Premium		Check/Money Order/Draft No.:	·
☐ Option 2 - Premium Deposit with Single Bill Balance		Total Estimated Premlum:	\$
Option 3 - Installment Premium Payments - Deposit plus No interest charge - \$4.00 per Installment charge*	5 monthly payments	Amount Submitted with Application	s ·
Option 4 - Installment Premium Payments - Deposit plus No interest charge - \$4.00 per Installment charge*  Premium to be Financed – Name of Premium Finance Co		* Not Available on Premium Finances* Attach a copy of Premium Finances	
NOTICE TO PREMIUM FINANCE COMPANY - Unear	and Promium in he	and an actual promition but no	timated promitte
SECTION 15. PREVIOUS AUTOMOBILE INSURANCE CARE		sed on actual premium, not es	umated premium,
Information for the past three years. (If a fleet, information for to paid by previous carrier. Indicate if risk is a new venture.		quired.) Attach loss statements fro	m and basic premiums
Name of latest carrier	Policy No.	. Termi	nation date .
[Was coverage through Plan? ☐ Yes ☐ No	lf "Yes", give reason te	rminated.	
Gomplete the following for Carriers of property and passengers	<del></del>		
Policy No. Policy Peri From	od Fo	Name of Insurance Compa	any
1st Prior			
2nd Prior 3rd Prior	· · · · · · · · · · · · · · · · · · ·		
4th Prior			
SECTION 16. EVIDENCE OF INSURANCE AND REQUESTED	DEFFECTIVE DATE O	E COVERAGE	
this authorization shall be considered as effective and valid as to the application must be fully completed and duly executed.  2. Coverage under this evidence of automobile insurance is to stated herein. Within such 45 day period coverages under issuance of the policy applied for, (b) the issuance of any period defended hereunder in accordance with the rules of the Calif.  3. A premium charge will be made for these coverages if the part of the insurance afforded hereunder shall be subject to all the formal producer of Record must forward this application to the	b be effective for a periodic a seriodic a better a periodic affording similar in fornia Automobile Assipolicy, when and as issections and conditions	obile insurance will terminate immed nsurance, or (c) the cancellation of th gned Risk Plan, ued, is not accepted by the insured. of the Plan and the Policy Form pres	lately upon: (a) the e coverages of insurance cribed for use.
NOTE: In the event there is no U.S. postmark (a metered mail p U.S. postmark), coverage will become effective no earlier than 1	oostmark, electronic ato 12:01-a.m. on the day f	amp, or other postage service or stan following receipt in the Plan Office.	ip are not considered a .
Requested Effective Date and Time:	ELECTRONIC	EFFECTIVE DATE PROCEDURE (E	EDP) REFERENCE No.:
र् <sup>7</sup> Example: 09/ 01/2002 11:30 AM	- <del>(Onl</del> )	v-raquired-if-using-EEDR-in-lieu-of-EA	SI-submission)
ÎN NO EVENT SHALL COVERAGE BE EFFECTIVE PRIOR TO	THE DATE AND HO	UR OF COMPLETION OF THIS APP	LICATION.
SECTION 17. PRODUCER OF RECORD STATEMENT			
I hereby certify that I am a licensed broker/agent of the State of explained the provisions to the applicant. I acknowledge that I are authority to establish or revise the terms or conditions of coverage the event of cancellation or a change to the policy resulting in a large minimum premium due the carrier) and also to return to the Plan. I have explained the terms of this coverage applied for to the coverage applied for the state of the coverage applied for the coverage applie	m acting on behalf of the ge. This application income reduction of premium, carrier unearned comp the applicant and to any	ne applicant in submitting this applica sludes all required information given t I agree to return the uneamed premit sensation for this insurance received y finance company utilized.	ition and have no o me by the applicant. In um to the insured (net of by me as required by the
certify, under penalty of perjury, that I have personally asked the applicant's responses. In addition, I certify that legible photocopy evoked), as well as each vehicle registration, are attached. I ce California Plan. In the event the policy is cancelled or a change commission portion of such premium. The information contained	ies of the applicant's a rtify that this applicatio is made resulting in a r	nd principal operator's driver license( in is submitted pursuant to the effecti return premium to the insured. I agree	s) (unless suspended or ve date provisions of the
<u> </u>	Date:	Hour:	DAM DPM
Producer's Signature			

AIP 1251 CA COMMERCIAL APPLICATION (Rev 12/10) – Page 6 NOTE: For items where space is insufficient, use Remarks Section.

## SECTION 18. NOTE - FEES ARE ILLEGAL

Section 11624.5 of the California Insurance Code provides: No insurance agent, broker or solicitor shall make any charge to the applicant, directly or indirectly, for furnishing any person the necessary application forms, technical assistance and services necessary to perfect an application through the Plan other than such commission as is paid by the insurer pursuant to the provisions of such Plan.

## SECTION 19.

ANY PERSON WHO KNOWINGLY MAKES AN APPLICATION FOR MOTOR VEHICLE INSURANCE COVERAGE CONTAINING ANY STATEMENT THAT THE APPLICANT RESIDES OR IS DOMICILED IN THIS STATE WHEN, IN FACT, THE APPLICANT RESIDES OR IS DOMICILED IN A STATE OTHER THAN THIS STATE, IS SUBJECT TO CRIMINAL PENALTIES.

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

#### SECTION 20, APPLICANT'S STATEMENT

I hereby certify under penalty of perjury that I,

- 1. have been informed of my right to choose the CAARP interest-free Payment Plan options as shown in Section 14 of this application CHECK ONE: Yes No - If "No" please ask the producer for an explanation.
- have duly authorized the undersigned to execute this application on my behalf if the Applicant is not a natural person.
- has tried without success to obtain automobile insurance in this state within the preceding 60 days, and that the Applicant has been unable to obtain such insurance through ordinary methods.
- to the best of my knowledge and belief all statements contained in this application are true and all these statements are offered as an inducement
- realize that any misleading information or failure to disclose required information will be considered lack of good faith on my part and may vold the application or cause cancellation of my coverage.
- agree that no coverage will be in effect if my premium remittance, which accompanies this application, is justifiably dishonored by any financial
- understand that the premium shown on this application is an estimated premium. The carrier reserves the right to adjust the premium either prior to or after the issuance of the policy. Tagree to pay the adjusted/developed premium which may be higher than the original estimate.
- will pay all premiums when due.
- designate as Producer of Record of this insurance the Producer or firm named in this application. A substitute Producer may be designated by me at any time and, upon designation shall be the Producer of Record. I understand that any designated Producer cannot act as an agent of the California Automobile Assigned Risk Plan or any carrier for the purpose of this insurance and that the Producer has no authority to establish, after or amend terms or conditions of coverage.
- 10, do not owe any insurance company for automobile insurance premiums due or contracted during the preceding 36 months.
- 11. understand that if I owe money for a prior CAARP policy which I have not formally appealed to the California insurance Commissioner, the money | submit with this application for a new CAARP policy will be applied to that prior policy, and I am not entitled to a refund of the money I have submitted with this application, even if coverage for this new policy is terminated, until I pay the full amount owed for all current and prior CAARP policies.
- 12, understand that the agent/broker is not acting as an agent of any company for the purposes of this insurance.
- 13. will remit a check, money order or a bank draft of mine, producer of record or financial institution, as directed by the insurer, for the balance of the full premium for the policy, within 30 days of notification or, if I have elected a Payment Option in Section 14 of this application, to make payments as specified in the CAARP Interest-free Payment Plan Regulation (Section 44).
- 14. that this application was written and signed as of the date shown.
- 15, that when the insurance is to be written on a basis requiring final adjustment of the premium after expiration of the policy, I will maintain a complete record of all financial transactions in any reasonable form and manner as the insurer may require. I will also make this record available for inspection by the insurer at a designated place and at all reasonable times.

I hereby authorize any insurer that may previously have provided coverage to me or to additional named insureds to provide records, data or information concerning prior coverage to the Plan or any carrier designated by the Plan. I agree that a reproduction of this authorization shall be considered as effective and valid as the original.

		Date:		Hour:	Д АМ	□РМ
Na	med Applicant's or Corporate Officer's Signa	ture				
	N	OTICE TO APPLICANT AN	ID PRODUCER			
in the eve	ent acknowledgement of coverage is not rec	eived within 30 days, notify	the Plan Office at F	O Box 7917, San Fran	ncisco, CA 9412	20
1	F	AIR CREDIT REPORTING	ACT NOTICE	· · · · · · · · · · · · · · · · · · ·		
1	- 4	wilmant to the luciusmon o	nation for if the s	unilentian in bu as in	dividual for in	CUPARCO

In addition to routine verification of information pertinent to the insurance applied for, if the application is by an individual for insu primarily for personal or family purposes, the insurer to which it is assigned may have an investigative consumer report made including information bearing on character, general reputation, personal characteristics or mode of living and, upon the individual's written request, will disclose in writing the nature and scope of the investigation requested, if such report is procured.

REMARKS SECTION

Complaints about insurance companies or agents/brokers can be directed to the California Department of Insurance Consumer Services Division at 800-927-HELP(4357).

•

# COMMERCIAL APPLICATION CALIFORNIA AUTOMOBILE ASSIGNED RISK PLAN

Additions

# NOTICE: PRODUCER MUST READ THIS STATEMENT BEFORE PROCEEDING

# IMPORTANT NOTICE

This policy is not effective until your application is electronically transmitted to the Plan by your agent or broker. The following conditions must also be met: (1) Both you and your agent or broker must sign and date a properly completed application. (2) Your agent or broker must mail your application to the Plan within two days of its completion. You may request that your agent or broker transmit the documents in your presence to ensure immediate coverage, provided the above requirements are met. If the above requirements are not met, your coverage will take effect the day after the Plan office receives your application. You may request that your agent or broker notify you when your coverage is effective.

	SECTION 1. PRODUCER OF RECOR	D							•	
	Producer Last Name/Agency Name			F	roduc	er First Name				MI
				1:						
ĮΡ	Producer DBA Name									
	Malling Address	· · · · · · · · · · · · · · · · · · ·		Ste./Apt.	Vo.	City		State	Zip.Cod	е
ır.	f 1								<u> </u>	
:	Tax ID or SS No.	Producer Licens	e No.	Telephon	e No.	(incl. area code	) Fax	No. (incl.	area code)	
	SECTION 2. SIGNING PRODUCER	(If the produc	er completing	and signing	this	application is	the producer o	f record,	indicate S	AME.
	¿Last Name	First Name		V	11 8	Signing Produce	er License No.			
•	級		<del></del>							
:	SECTION 3. APPLICANT NAME		• . •						· 	
	Last Name			.   F	irst Na	ame				MI
	DBA Name	· · · · · · · · · · · · · · · · · · ·			<del></del>	Self Emp	loyed? □ Ye	s 🗆	No	
	gran.			···				1 5	, T = 6	S1-
	Street Address			Ste./Apt.	10.	City		Sta	ate Zip C	ode
	Mailing Address		• • • •	Ste./Apt. I	No.	City		Sta	ate Zip C	Code
	Mit.	· · · · · · · · · · · · · · · · · · ·	<del>- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</del>	()1		I Tay ID a	or SS No.			
	Home Telephone No. (incl. area code)	Busines	s Telephone No	o, (inci. area	code	· .			·	
	ជា Business of Applicant/Nature of Operat	ion ,		<del> </del>		Headquarters	of Operation			•
	SECTION 4. OWNERSHIP AND CONT	TROL OF APPLIC	CANT'S ORGAN	IZATION	<u>_</u>	<del></del>				
ii <sup>o</sup>	Named insured is a:		State of Incor		Date	of Incorporation	Date acti	ıal opera	tions comm	nenced
,	☐ Corporation ☐ Partnership ☐ ☐ Other	Sole Proprietor		·.	• •					
. ;	Management, Ownership and Control		<u> </u>				Date in Posi	ion	Percent C	Ownership
; ;	(List names of principals and anyon	e with more than	a 10% ownersh	ip interest.)						
	President:									
	∜Vice President:									
44	"Secretary:							<u>.                                    </u>		
	Treasurer:									
	General Manager:									
	Others:									
	List all affiliated companies:			•						
	Send original, signed appl	ication with	check/moi	ney orde	r an	d required	attachmer	its to:	•	
	California Automobile Assign	ned Risk Plai	n ·					•		
	San Francisco, CA 94120-79	917								

	ECTION 5. OPERATOR INFOR	a	rives a v	ernote.					OPERATOR	79. T	
	Last Name			First	: Name	MI	Birth MM/D		Drive License		Stat
		<del></del>					1				
<u> </u>											
-							_				-
<u> -</u>				<del></del>	· · · · · · · · · · · · · · · · · · ·	<del>  </del>					i
¥_											
F	are there any principal operators california DMV?   or applicants with most operators of the principal operators operators of the principal operators of the principal operators o	No If "Y	es" attac	ch a copy of terators, al	he certificate at	testing to	such succ	essful co	ompletion. sted on a		
	as applicant, or anyone who us	ually drives the	applican	t's vehicle(s).	been involved, e	ither as ow	ner or ope	ator, in A	NY motor ve	hicle ac	cident
	uring the past THIRTY-SIX mon			No If "Yes",	complete the fol	lowing.				· · · · · · · · · · · · · · · · · · ·	
14		Accident			lace of Accident		Bodily	iniury	Prop. Dan		Penal
iku A	' '	Date MM/DD/YY	Code*		City	State	or De	ath	(incl. your Amour		Point
i West.				+			□ Yes	. □ No	s		
-	•										
					·		☐ Yes	□ No	\$		
2							☐ Yes	□ No	\$		
100		•					□ Yes	□ No	\$		
2. 3. 4. 5. 6.	Applicant reimbursed by or or Other person involved in acci Police or Fire Department or Other type of accident - non-c	river and accide n behalf of pers dent was convi- First Aid Squad chargeable und	on respo cted. App I respond er provis	nsible for the olicant or oper ling to an eme ions of the Pla	accident or has j ator was not con rgency call. in. Describe acci	udgment a victed. dent in spa	gainst such	d below.	ny timo duri	ng the	
1. 2. 3. 4. 5. 6.	Damaged by "Hit and Run" di Applicant reimbursed by or or Other person involved in acci Police or Fire Department or Other type of accident - non-c	river and accide n behalf of pers dent was convi- First Aid Squad chargeable und usually drives t EIX months? Co	on respo cted. App I respond er provisi the applic	ensible for the olicant or oper ling to an eme ions of the Placant's vehicle()  Yes  guilt and there	accident or has j ator was not con rgency call. In. Describe acci s) been CONVIC No Forfeited B	udgment a victed.  dent in spa  TED or FC ail  Yes a convictio	gainst such	d below. BAIL at a "Yes", for	ny time durir either Item,	ng the complet	te the
1. 2. 3. 4. 5. 6.	Damaged by "Hit and Run" di Applicant reimbursed by or or Other person involved in acci Police or Fire Department or Other type of accident - non-o ECTION 7. CONVICTIONS as the applicant or anyone who imediately preceding THIRTY-S llowing. NOTE: A paid ticket or	river and accide n behalf of pers dent was convi- First Aid Squad chargeable und usually drives t DIX months? Co fine is an admi	ton responder provision he application of grant in the specific convicted solon in the specific	insible for the olicant or oper ting to an eme ions of the Pla cant's vehicle(s Pla	accident or has j ator was not con rgency call. in. Describe acci s) been CONVIC No Forfeited B fore constitutes a	udgment a victed.  dent in spa  TED or FC ail  Yes a convictio	gainst such	d below. BAIL at a "Yes", for	either Item,	complet Was	License
1. 2. 3. 4. 5. 6.	Damaged by "Hit and Run" di Applicant reimbursed by or or Other person involved in acci Police or Fire Department or Other type of accident - non-or ECTION 7. CONVICTIONS as the applicant or anyone who mediately preceding THIRTY-S Ilowing. NOTE: A paid ticket or	river and accide n behalf of pers dent was convi- First Aid Squad chargeable und usually drives t IX months? Co fine is an admi	on responder Applications of grant of g	unsible for the olicant or oper ting to an eme ions of the Pla cant's vehicle()  Yes Diguilt and there	accident or has j ator was not con rgency call. In. Describe acci s) been CONVIC No Forfeited B	udgment a victed.  dent in spa  TED or FC ail  Yes a convictio	gainst such	d below. BAIL at a "Yes", for	Penalty Points	complet Was Susi	License
1. 2. 3. 4. 5. 6.	Damaged by "Hit and Run" di Applicant reimbursed by or or Other person involved in acci Police or Fire Department or Other type of accident - non-o ECTION 7. CONVICTIONS as the applicant or anyone who mediately preceding THIRTY-S Ilowing. NOTE: A paid ticket or  Name of Operator	river and accide n behalf of pers dent was convi- First Aid Squad chargeable und usually drives t EIX months? Co fine is an admi Date of Convict or bail forfeitur	on responded Applications on the application of grant of	Insible for the olicant or oper ling to an eme ions of the Pla cant's vehicle(s yes bid and there bid Conviction Arise as a lesult of an	accident or has j ator was not con rgency call. in. Describe acci s) been CONVIC No Forfeited B fore constitutes a	udgment a victed.  dent in spa  TED or FC ail  Yes a convictio	gainst such	BAIL at a "Yes", for	Penalty Points	complet Was Susp or Re	License pended evoked
1. 2. 3. 4. 5. 6. Ha imm	Damaged by "Hit and Run" di Applicant reimbursed by or or Other person involved in acci Police or Fire Department or Other type of accident - non-o ECTION 7. CONVICTIONS as the applicant or anyone who mediately preceding THIRTY-S Ilowing. NOTE: A paid ticket or  Name of Operator	river and accide n behalf of pers dent was convi- First Aid Squad chargeable und usually drives t EIX months? Co fine is an admi Date of Convict or bail forfeitur	on respondent Applications of the application of th	insible for the olicant or oper ling to an eme ions of the Pla cant's vehicle(sure   Yes   Did   Conviction   Arise as a lesult of an Accident?	accident or has j ator was not con rgency call. in. Describe acci s) been CONVIC No Forfeited B fore constitutes a	udgment a victed.  dent in spa  TED or FC ail  Yes a convictio	gainst such	BAIL at a "Yes", for	Penalty Points	Was Susp or Re	License pended evoked?
1. 2. 3. 4. 5. 6. SE Haim fol	Damaged by "Hit and Run" di Applicant reimbursed by or or Other person involved in acci Police or Fire Department or Other type of accident - non-o ECTION 7. CONVICTIONS as the applicant or anyone who mediately preceding THIRTY-S Ilowing. NOTE: A paid ticket or  Name of Operator	river and accide n behalf of pers dent was convi- First Aid Squad chargeable und usually drives t EIX months? Co fine is an admi Date of Convict or bail forfeitur	con responder provision re	Insible for the olicant or oper ling to an eme ions of the Pla cant's vehicle(to Yes Did Conviction Arise as a Result of an Accident?	accident or has j ator was not con rgency call. in. Describe acci s) been CONVIC No Forfeited B fore constitutes a	udgment a victed.  dent in spa  TED or FC ail  Yes a convictio	gainst such	BAIL at a "Yes", for	Penalty Points	Was Suspor Re	License pended evoked?
1. 2. 3. 4. 5. 6. Ha imm	Damaged by "Hit and Run" di Applicant reimbursed by or or Other person involved in acci Police or Fire Department or Other type of accident - non-o ECTION 7. CONVICTIONS as the applicant or anyone who mediately preceding THIRTY-S Ilowing. NOTE: A paid ticket or  Name of Operator	river and accide n behalf of pers dent was convi- First Aid Squad chargeable und usually drives t EIX months? Co fine is an admi Date of Convict or bail forfeitur	ion responder provision re	Insible for the olicant or oper ling to an eme ions of the Pla cant's vehicle(s yes built and there Did Conviction Arise as a Result of an Accident?  Yes    No  Yes    No	accident or has j ator was not con rgency call. in. Describe acci s) been CONVIC No Forfeited B fore constitutes a	udgment a victed.  dent in spa  TED or FC ail  Yes a convictio	gainst such	BAIL at a "Yes", for	Penalty Points	Was Suspor Re	License pended evoked?
1. 2. 3. 4. 5. 6. SE Ham fol	Damaged by "Hit and Run" di Applicant reimbursed by or or Other person involved in acci Police or Fire Department or Other type of accident - non-c ECTION 7. CONVICTIONS as the applicant or anyone who mediately preceding THIRTY-S Illowing. NOTE: A paid ticket or  Name of Operator	river and accide n behalf of pers den was convi- First Aid Squad chargeable und usually drives t EIX months? Co fine is an admi Date of Convict or bail forfeitur Mo./Day/Yr.	ion responder provision re	insible for the olicant or oper ling to an eme ions of the Pla cant's vehicle(ions of the Pla cant's of an Accident?  Yes □ No  Yes □ No	accident or has j ator was not con rgency call. in. Describe acci s) been CONVIC No Forfeited B fore constitutes a	udgment a victed.  dent in spa  TED or FC ail  Yes a convictio	gainst such	BAIL at a "Yes", for	Penalty Points	Was Suspor Re	License pended evoked
1. 2. 3. 4. 5. 6. SE Ham foll	Damaged by "Hit and Run" di Applicant reimbursed by or or Other person involved in acci Police or Fire Department or Other type of accident - non-occeptions as the applicant or anyone who mediately preceding THIRTY-S Ilowing. NOTE: A paid ticket or Name of Operator  ECTION 8. COMMODITIES TRA	river and accide n behalf of pers dent was convi- first Aid Squad chargeable und usually drives t itX months? Co fine is an admi Date of Convict or bail forfeitur Mo./Day/Yr.	ion responder provision re	Insible for the olicant or oper ling to an eme ions of the Pla cant's vehicle(s yes built and there Did Conviction Arise as a Result of an Accident?  Yes    No  Yes    No	accident or has j ator was not con rgency call. in. Describe acci s) been CONVIC No Forfeited B fore constitutes a	udgment a victed.  dent in spa  TED or FC ail  Yes a convictio	gainst such	BAIL at a "Yes", for	Penalty Points	Was Suspor Re	License pended evoked?
1. 2. 3. 4. 5. 6. SE Hamfol	Damaged by "Hit and Run" di Applicant reimbursed by or or Other person involved in acci Police or Fire Department or Other type of accident - non-c ECTION 7. CONVICTIONS as the applicant or anyone who mediately preceding THIRTY-S Illowing. NOTE: A paid ticket or  Name of Operator	river and accide n behalf of pers dent was convi- first Aid Squad chargeable und usually drives t itX months? Co fine is an admi Date of Convict or bail forfeitur Mo./Day/Yr.	con responder of the application	Insible for the olicant or oper ling to an eme ions of the Plate ant's vehicle(s representation of the Plate ant's vehicle(s representation of the Plate and there of the Plate and the	accident or has j ator was not con rgency call. in. Describe acci s) been CONVIC No Forfeited B fore constitutes a	udgment a victed.  dent in spa  TED or FC ail  Yes a convictio	gainst such	BAIL at a "Yes", for	Penalty Points	Was Suspor Re	License pended evoked?
1. 2. 3. 4. 5. 6. SE Hamfold SE Spide	Damaged by "Hit and Run" di Applicant reimbursed by or or Other person involved in acci Police or Fire Department or Other type of accident - non-o ECTION 7. CONVICTIONS as the applicant or anyone who imediately preceding THIRTY-S llowing. NOTE: A paid ticket or  Name of Operator  ECTION 8. COMMODITIES TRA Decify goods transported in all vi-	river and accide n behalf of pers dent was convi- first Aid Squad chargeable und usually drives t itX months? Co fine is an admi Date of Convict or bail forfeitur Mo./Day/Yr.  ANSPORTED ehicles: waste or subst	con responder provision of the application of the a	resible for the olicant or oper ling to an emetions of the Plate ant's vehicle(structure of the Plate ant's vehicle(structure of the Plate and there of the Plate and there of the Plate and the plate of the Plate o	accident or has jator was not con rgency call. in. Describe accidence of the conviction of the convict	udgment a victed.  dent in spa  TED or FC all □ Yes a convictio Pla	gainst such	BAIL at a "Yes", for iction	Penalty Points	Was Suspor Re	License pended evoked s
1. 2. 3. 4. 5. 6. SE Hamin follows: SE Sp. Idea the	Damaged by "Hit and Run" di Applicant reimbursed by or or Other person involved in acci Police or Fire Department or Other type of accident - non-o ECTION 7. CONVICTIONS as the applicant or anyone who mediately preceding THIRTY-S illowing. NOTE: A paid ticket or  Name of Operator  I Name of Operator  ECTION 8. COMMODITIES TRA pecify goods transported in all vientify any hazardous materials,	river and accide n behalf of pers dent was convi- first Aid Squad chargeable und usually drives t itX months? Co fine is an admi Date of Convict or bail forfeitur Mo./Day/Yr.  ANSPORTED ehicles: waste or subst	ances be	resible for the olicant or oper ling to an emetions of the Plate ant's vehicle(structure of the Plate ant's vehicle(structure of the Plate and there of the Plate and there of the Plate and the plate of the Plate o	accident or has jator was not con rgency call. In. Describe accidence of the constitutes of the constitutes are conviction of the convicti	udgment a victed.  dent in spa  TED or FC all □ Yes a convictio Pla	gainst such	BAIL at a "Yes", for iction	Penalty Points	Was Suspor Re	License pended evoked (
1. 2. 3. 4. 5. 6. SE Hamiltonian following fol	Damaged by "Hit and Run" di Applicant reimbursed by or or Other person involved in acci Police or Fire Department or Other type of accident - non-o ECTION 7. CONVICTIONS as the applicant or anyone who mediately preceding THIRTY-S illowing. NOTE: A paid ticket or Name of Operator  I Name of Operator  ECTION 8. COMMODITIES TR/ Decify goods transported in all vientify any hazardous materials, entify radius of operations. Nume % of trips in each radius class	river and accide n behalf of pers dent was convi- First Aid Squad chargeable und  usually drives t EIX months? Co fine is an admi  Date of Convict or bail forfeitur Mo./Day/Yr.  ANSPORTED ehicles: waste or subst- is (Must equal 1 51 – 200 N	ances be	Insible for the olicant or oper ling to an eme ions of the Plate ant's vehicle(s representation of the Plate ant's vehicle(s representation of the Plate and there of the Plate and the	accident or has jator was not con rgency call. In. Describe accidence of the constitutes of the constitutes are conviction of the convicti	udgment a victed.  dent in spa  TED or FC all □ Yes a convictio  Pla  destination	gainst such	BAIL at a "Yes", for iction  State	Penalty Points	Was Suspor Re	License pended evoked (
1. 2. 3. 4. 5. 6. SE Hamiltonia following foll	Damaged by "Hit and Run" di Applicant reimbursed by or or Other person involved in acci Police or Fire Department or Other type of accident - non-ocception of the person involved in accident - non-ocception of the person of th	river and accide n behalf of pers dent was convi- First Aid Squad chargeable und  usually drives t EIX months? Co fine is an admi  Date of Convict or bail forfeitur Mo./Day/Yr.  ANSPORTED ehicles: waste or subst. be (Must equal 1  51 - 200 N	on responder of the application	Insible for the olicant or oper ling to an eme ions of the Plate ant's vehicle(s representation of the Plate ant's vehicle(s representation of the Plate and there of the Plate and the	accident or has jator was not con rgency call. In. Describe accidence of the constitutes of the constitutes are conviction of the convicti	udgment a victed.  dent in spa  TED or FC all □ Yes a convictio  Pla  destination  Miles	gainst such	BAIL at a "Yes", for iction  Start	Penalty Points	Was Suspor Rel	License pended evoked?
1. 2. 3. 4. 5. 6. SE Hamiltonia following foll	Damaged by "Hit and Run" di Applicant reimbursed by or or Other person involved in acci Police or Fire Department or Other type of accident - non-of- ECTION 7. CONVICTIONS as the applicant or anyone who amediately preceding THIRTY-S Illowing. NOTE: A paid ticket or Name of Operator  ECTION 8. COMMODITIES TRA Decify goods transported in all vi- entify any hazardous materials, entify radius of operations. Num e % of trips in each radius class outes (both outgoing and return)	river and accide n behalf of pers dent was convi- First Aid Squad chargeable und  usually drives t EIX months? Co fine is an admi  Date of Convict or bail forfeitur Mo./Day/Yr.  ANSPORTED ehicles: waste or subst. be (Must equal 1  51 - 200 N	on responder of the application	Insible for the olicant or oper ling to an emetions of the Plate ant's vehicle(structure) and there of the plate and the plate an	accident or has jator was not con rgency call. in. Describe accident of the constitutes of the constitutes of the conviction of the convic	udgment a victed.  dent in spa  TED or FC all □ Yes a convictio  Pla  destination  Miles	gainst such	BAIL at a "Yes", for iction  Start	Penalty Points	Was Suspor Rel	License pended evoked not be No. 1 N
1. 2. 3. 4. 5. 6. SE Hamiltonia following foll	Damaged by "Hit and Run" di Applicant reimbursed by or or Other person involved in acci Police or Fire Department or Other type of accident - non-of- ECTION 7. CONVICTIONS as the applicant or anyone who amediately preceding THIRTY-S Illowing. NOTE: A paid ticket or Name of Operator  ECTION 8. COMMODITIES TRA Decify goods transported in all vi- entify any hazardous materials, entify radius of operations. Num e % of trips in each radius class outes (both outgoing and return)	river and accide n behalf of pers dent was convi- First Aid Squad chargeable und  usually drives t EIX months? Co fine is an admi  Date of Convict or bail forfeitur Mo./Day/Yr.  ANSPORTED ehicles: waste or subst. be (Must equal 1  51 - 200 N	on responder of the application	Insible for the olicant or oper ling to an emetions of the Plate ant's vehicle(structure) and there of the plate and the plate an	accident or has jator was not con rgency call. in. Describe accident of the constitutes of the constitutes of the conviction of the convic	udgment a victed.  dent in spa  TED or FC all □ Yes a convictio  Pla  destination  Miles	gainst such	BAIL at a "Yes", for iction  Start	Penalty Points	Was Suspor Rel	License pended evoked?
1. 2. 3. 4. 5. 6. SE Hamiltonia following foll	Damaged by "Hit and Run" di Applicant reimbursed by or or Other person involved in acci Police or Fire Department or Other type of accident - non-of- ECTION 7. CONVICTIONS as the applicant or anyone who amediately preceding THIRTY-S Illowing. NOTE: A paid ticket or Name of Operator  ECTION 8. COMMODITIES TRA Decify goods transported in all vi- entify any hazardous materials, entify radius of operations. Num e % of trips in each radius class outes (both outgoing and return)	river and accide n behalf of pers dent was convi- First Aid Squad chargeable und  usually drives t EIX months? Co fine is an admi  Date of Convict or bail forfeitur Mo./Day/Yr.  ANSPORTED ehicles: waste or subst. be (Must equal 1  51 - 200 N	on responder of the application	Insible for the olicant or oper ling to an emetions of the Plate ant's vehicle(structure) and there of the plate and the plate an	accident or has jator was not con rgency call. in. Describe accident of the constitutes of the constitutes of the conviction of the convic	udgment a victed.  dent in spa  TED or FC all □ Yes a convictio  Pla  destination  Miles	gainst such	BAIL at a "Yes", for iction  Start	Penalty Points	Was Suspor Rel	License pended evoked not be No. 1 N

SEC	TION 9. VE	HICLE INFORMATION AND	USE	or long	distance			nich vehicles	operate	1017	AL VEHICLE	2
Veh	Year	Vehicle Identification No.	Load Capacity (2)	Type of Registration	on	Gross Veh Weight (G TRUCKS (	IICIB VW) ONLY	Spec Industry (M-T-FD-SD- WD-F-D-C-L-O)	Seating Capacity	Loss Pa Name	yes	
No.	Trada Name Model No,	Garage Location (City/State/Zip Code)	State of Registration	Rating Classifica	lion	Gross Con (GCW) Tra Tractors o		For Size Bus, Rad, (L-I-LD)	Tank Capacity	Loss Pay Address		
	Туре (1)	Name of Registered Owner of Vehicle	Raling Territory (3)	Orig. Cost New (4)	. Comp. Symbol	Coll. Symbol	Size (L-M-H- EH-HT- EHT)	Final Rating	How veh. Is licensed	Loss Pa City, Sta	yee le, Zip Code	
	Where vehicle !	s permitted to operate.		List all citi	es through an	d in which vel	icles operate	•		<del></del>	·	
Veh				1		,						
1 1												
•	<u> </u>											
										<u> </u>		
				<u> </u>			··					
Vah 2			<del></del>	<del> </del>								·
<i>y</i> -^		,			<del></del>					<del> </del>		
γ	•							<del></del>	<u> </u>		-	,.
٠,			· · · · ·	· · ·						1		
: Veh		1						<del></del>		<u> </u>		
3				•							·	
						,						
W.C												
Veh		• .										
. 4 												
				<del></del>					,			
				1 ·				<del></del>		<del>                                     </del>		
·				<del> </del>						Τ		<del></del>
Veh 5	· .			-			•					
				<u> </u>				<u> </u>		ļ		<del></del>
ě.		•						• \.		ļ ·		
<u></u> ]				<u> </u>					·			
l" (2) Tru	uck-Type vehicl	ruck-Tractor=TT, Trailer=TR, Semi-Tr es with Private Passenger or Combina Iblies, use the highest rated territory w	ation registration	n and load c	apacities of	1500 poun	d or less ar	e eligible for Basic	Reparations	Benefits o	coverage.	
(4) Ch	assis and Body	including Special Equipment.						11-4-4-5-5	Cumpler	n a mta I	Vahiala Sa	hodulo .
For	applicant mailed w	s with more than five veith the original applicati	enicles, all ion to the	i additio Plan.	nai ver	licies m	iust be	listed on a	Supplei	nemtai	venicle 3c	iledule .
		OVERAGES AND PREMIU										
· All ve	hicles writte	en under the same policy shall boxes to indicate ilmits/deductib	have the sai	me Limits	of Liabili	ty.	Vehicl Est. Pr			hicle 3. , Prem.	Vehicle 4 Est, Prem.	Vehicle 5 Est. Prema
		operty Damage Combined (C			<del></del>		100.11	20111				
-					<del></del>				· -			
61/41		<u> </u>	1 Other		<del></del> _					<del></del>	-	<u> </u>
Prop	erty Damag	ge 🗆 \$5,000 🗀	Other		<del></del>				_			
. Unin	sured Moto	rists - Bl	000 . □ 0	other								
Unin	sured Moto	rists - PD (PPA's only)	1\$3,500 E	Other_							1	
l		Liability Coverage - (Compl	ete Section	10.c, if re	equested	)		171.77		物制造	le santra	7.12.73.W
		rage – Annual Cost of Hire: \$						200		Myster.	N. C. SANCE	其當場時
		nts (PPA's only)	□ \$1,0	00 -					<u> </u>		<u> </u>	
		Premium per vehicle			<u> </u>		\$	\$	.   \$	<del></del>	\$	\$
		Premium for vehicles 1–5		<del>-</del>							\$   \$	
		Premium for supplemental v Premium for all vehicles	enicles					•		<del></del>	5	
		D PD LIMITS WILL BE IS	SUED AT	MINIMI	IM FIN	ANCIAI	RESP	ONSIBILITY	LIMITS	AS RE	<u></u>	Y LAW
		K INSURED.		1011/41141/	214: 1 114/					· •-		

## SECTION 10.a. COVERAGE FOR ACTS OF UNINSURED MOTORISTS: CALIFORNIA

DELETION OF COVERAGE: The California Insurance Code requires an insurer to provide uninsured motorists coverage in each bodily injury liability insurance policy it issues covering liability arising out of the ownership, maintenance, or use of a motor vehicle. Those provisions also permit the insurer and the applicant to delete the coverage completely or to delete the coverage when a motor vehicle is operated by a natural person or persons designated by name. Uninsured motorists coverage insures the Insured, his or her heirs or legal representatives for all sums within the limits established by law, which such person or persons are legally entitled to recover as damages for bodily injury, including any resulting sickness, disease, or death, to the insured from the owner or operator of an uninsured motor vehicle not owned or operated by the Insured or a resident of the same household. An uninsured motor vehicle includes an underinsured motor vehicle as defined in subdivision (p) of Section 11580.2 of the insurance Code.

REDUCTION OF COVERAGE: The Uninsured Motorists provisions also permit the insurer and the applicant to agree to provide the coverage in an amount less than that required by subdivision (m) of Section 11580.2 of the Insurance Code but not less than the financial responsibility requirements.

DAMAGE TO YOUR VEHICLE: (This provision Applies Only to Private Passenger Vehicles That Are Subject to Commercial Assignment) in addition, the California Insurance Code requires insurers to offer coverage for damage to your vehicle caused by an uninsured motor vehicle to the extent that you, the insured party, are legally entitled to recover from the owner or operator of the uninsured motor vehicle. Such property damage coverage will either: (1) pay the collision deductible on the insured motor vehicle, if it is covered by collision insurance, or (2) pay for damage to the insured motor vehicle, if it is not covered by collision insurance. This coverage will not pay for damage to personal property other than the vehicle or for loss of use of the yehicle, and it will not exceed the smallest of any the following: (1) The amount of the collision deductible; (2) the actual cash value of the insured motor yehicle; or (3) \$3,500. You may reject uninsured motorist coverage completely or reject it only when an insured motor vehicle is operated by a natural person or persons that you designate by name. If you reject uninsured motorist coverage for bodily injury, you must also reject uninsured motorist coverage for property damage; however, you may elect to obtain uninsured motorist bodily injury coverage without obtaining uninsured motorist property damage

ALC RISKS: it shall be presumed that an application for a policy of bodily injury liability insurance containing uninsured motorist coverage if an amount less than that required by Insurance Code Section 11580.2, Subdivision (m), signed by you (the named insured) and approved by the insurer, shall be a valid agreement as to the amount of uninsured motorist coverage to be provided.

## SECTION 10.b. REJECTION OF UNINSURED MOTORIST COVERAGE

] understand that if I reject uninsured motorist coverage, and if I am injured by a person driving without motor vehicle insurance, I may be unable to reco	ver
any significant amount of money to cover the costs of my injuries or of damage to my motor vehicle. I have applied this day for coverage under	an
automobile liability insurance policy, and the company providing such coverage and I have agreed as follows to delete uninsured motorist coverage fr	om
that insurance policy:	

☐ I elect to delete completely uninsured motorist coverage for all insureds.

insured, or with respect to reinstatement of such policy within 30 days of any lapse thereof.

- □ I elect to retain uninsured motorist coverage at reduced limits of \$15,000 per person or \$30,000 per accident.
- □ I elect to retain uninsured motorist coverage at reduced limits of \$25,000 per person or \$50,000 per accident,

The following elections apply to applicants wishing to insure at least one private passenger vehicle that is subject to commercial assignment:

- ☐ I elect to delete uninsured motorist coverage for property damage coverage but retain uninsured motorist coverage for bodily injury.
- ☑! elect to delete uninsured motorist coverage for property damage but retain uninsured motorist coverage for bodily injury at reduced limits of \$15,000 per person or \$30,000 per accident.
- 🔲 I eject to delete uninsured motorist coverage for property damage but retain uninsured motorist coverage for bodily injury at reduced limits of \$25,000 per person or \$50,000 per accident.

Applicant's Signature X. The rejection of insurance indicated by the above agreement shall be binding upon every insured to whom such policy or endorsement provisions apply while such policy is in force, and it shall continue to be so binding with respect to any continuation, renewal or replacement of such policy by the named

DO NOT SIGN THIS AGREEMENT UNLESS YOU READ AND UNDERSTAND IT.

SECTION 10.c. NONOWNED AUTO LIAB	ILITY COVERAGE	☐ Check here if desired. ☐ Primary ☐ Excess					
Are any other vehicles owned by the Applic	cant? 🗆 Yes 🗀 No	Are any vehicles hauling exclusively for one firm/carrier?   Yes  No if "Yes", complete the following.					
Name of Insurance Company	Policy No.	Name of Firm/Carrier					
Address of Insurance Company		Туре	of Business				
Description of any owned, leased, hired, ar	nd non-owned vehicles, whic	h are <i>not</i> to	be insured.				
year Year	Trade Make		Body Type Vehicle Identifica				
<u> </u>							
Total No. Employees Th	ne number of employees that	t use their (	own (unspecified) v	ehicles in the appli	icant's business	?	
4	Estimated Total Delivery Sal		-				
Attach certificates of insurance from a C	alifornia-admitted compar	y for each	delivery-driver.				

Date Hour

SECTION 10.d. HIRED CAR COVERAGE				•				
িল্লি Check here if desired.	Estimated Ani			Per \$100			ted Prei	
Cost of Hire section (10.e.) must be completed.	Cost of Hir	9	B.l.	P.D.	_	B.I.		P,D.
□ Primary □ Excess								
्र — Fillitary — Excess								
You MUST attach a copy of the truckers wi	itten agreemen	t with the	ir hired c	arriers tha	tcomp	lies w	ith the	2
requirements outlined in Rule 75 in order to	o receive EXCE	SS cover	ige.	•				
		. •						
1. Does each hired carrier have their own coverage 2. Are there Certificates of Insurance or Additional	e? ☐ Yes	onte on file		sured? ·	□ Yes	П	No	
3. Is there any interstate travel?	□ No	icitis on the	. With this in	iourou.			.,,	
				<u>.</u>				
	ted under Trucker's	Cost of Hi	e.) All risk	s for which a	broad f	orm filir	ig or Mo	CS-90
endorsement h	as been issued	Current	1st P	rior, 2nd	Prior	3rd P	rior	4th Prior
		Year	Yea		ear	Yea		Year
Andicate the total Cost of Hire, including cost and wages,	for vehicles leased							
or hired on a long-term basis (over 6 months) and specific applicant as an owned automobile.	cally insured by	\$	\$	\$		\$	\$	
Indicate the total Cost of Hire, including cost and wages,	for automobiles	<del></del>			. :			
which are not specifically insured by the applicant as an o	owned vehicle but	\$	\$	\$		\$ ·	\$	
gare to be insured as hired automobiles.		<del> </del>			<u> </u>	\$		
Cost of Hire – Represents Total Long and Short Term Co		\$	\$	\$				
	Current Voor	1st Prior Yea	<del></del>	rior Year	3rd Prio			rior Year
Gross Receipts Other than Truckers		S PIOI TEE	\$	<del></del>	\$.	1001	\$.	1101 1 001
Truckers excluding receipts from trip leased equipment		,	\$		\$ \$	÷	\$	
SECTION 12. PUBLIC AUTOS	1 "	<u> </u>			<del>'</del> ,		<u>l: `</u>	
List all cities through and in which vehicles operate:	·		<del></del>	·				
辦社								
Where is vehicle permitted to operate?		, <u> </u>	low is vehicl	e licensed?				
SECTION 13. FILINGS OR CERTIFICATES  NOTE: All owned and operated vehicles must be describe	·	All ricks for	which a filin	a has been m	ade (evr	ent SR-	22) are	subject to
cost of hire rating and nonowned auto liability coverages.	If a filing is requeste	d here, the (	Cost of Hire	and Nonowne	d Auto L	iability C	Coverage	∃
sections must be completed. Applicant's name must be id	dentical to name as i	appears on	ICC or Dept	i. of Public Sa	fety (DP	S) permi	it to avo	id .
rejection.								
s filing or specific limit(s) of liability needed?	□ No If"Y	es" to compl	y with:			*	•	
"□ Motor Carrier Act of 1980 Type: □ 1 □ 2 □ 3	□ 4 □ Bu	s Regulatory	Act of 1982	□ ICC Re	gulation	- Docke	t No	
्रेत्र ःच Local Ordinance (attach copy) □ State Regulation	□ U, S, DOT No	· 1. ·		□ DMV-M	CP No.			
	•		• •	. ,				
PUC No Othe	r		-					
If block(s) are checked, list state(s) and city(ies) requiring	filings or limits of lia	bility require	d by law.					
Stand				e'm e ' n				
is applicant required to file evidence of financial responsi	bility (SR-22)? □			f "Yes", comp	MI		se No.	
Tast Name		First Nam	ð		1011	LICGUE	oc 140.	
श्रType of Filing □ Owner's (operation of owned vehicle	s) D Operators	(operation o	f non-owned	vehiclés)	□ Both	<b></b>		
	<u> </u>	on for Filing						
						· .		
Name of any party requiring a Certificate of Insurance or	Additional Insured E	ndorsement.		•		•		
				the cierces	nont b	oturoe	n the	السيان
When an "Additional Applicant" endorsem	ent is requested	i, anach a	copy or	tile agreer	ilelit n	eminer	TITLE	
applicant and the additional interested part	.y.							
<u>†</u>		,						

25% of total estimated premium or minimum deposit	REMIUM MŲST E				
E Outland Bullian IB	per vehicle, whic	hever is greater, is requi	red as a I	EPOSIT.	
☐ Option 1 - Full Annual Premium	, , ,	Check/Money Order/Draft N	lo.:		
☐ Option 2 - Premium Deposit with Single Bill Balance		Total Estimated Premium:		\$	
∵□ Option 3 - Installment Premium Payments - Deposit plus 5 r No interest charge - \$4.00 per installment charge*	monthly payments	Amount Submitted with App	olication:	\$	
□ Option 4 - Installment Premium Payments - Deposit plus 9 n No interest charge - \$4.00 per installment charge* □ Premium to be Financed – Name of Premium Finance Com		* Not Available on Premlum ** Attach a copy of Premium			
NOTICE TO PREMIUM FINANCE COMPANY - Unearne	ed Premium is ba	sed on actual premium,	not estim	ated prem	ium.
SECTION 15. PREVIOUS AUTOMOBILE INSURANCE CARRIE	R ,				
Information for the past three years, (If a fleet, information for the paid by previous carrier. Indicate If risk is a new venture.	past five years is re	quired.) Attach loss statement	ents from a	nd basic p	remiums
Name of latest carrier	Policy No.		Terminati	on date	
Was coverage through Plan? ☐ Yes ☐ No If "	Yes", give reason te	rminated.			
**Complete the following for Carriers of property and passengers,	- , 5			i	
Policy No. Policy Period From To		Name of Insurance	Company		
없st Prior				·	
žird Prior					
Ath Prior					
SECTION 16. EVIDENCE OF INSURANCE AND REQUESTED	EEEECTIVE DATE (	DE COVERAGE	-		
<ol> <li>The application must be fully completed and duly executed.</li> <li>Coverage under this evidence of automobile insurance is to be stated herein. Within such 45 day period coverages under this issuance of the policy applied for, (b) the issuance of any policy afforded hereunder in accordance with the rules of the Califor.</li> </ol>	is evidence of autom cy affording similar i rnia Automobile Assi licy, when and as iss	nobile insurance will terminate nsurance, or (c) the cancellat laned Risk Plan	immediate ion of the co	lv upon: (a)	time
<ol> <li>A premium charge will be made for these coverages if the pol</li> <li>The insurance afforded hereunder shall be subject to all the to</li> <li>The Producer of Record must forward this application to the F</li> </ol>	Plan Office within two	of the Plan and the Policy Fo	rm prescrib	ed for use.	the
4. The insurance afforded hereunder shall be subject to all the top5. The Producer of Record must forward this application to the FNOTE: In the event there is no U.S. postmark or if the postmark is following receipt in the Plan Office. A metered mail postmark, cor	Plan Office within two s illegible, coverage nputer-generated el	of the Plan and the Policy Foo (2) working days after the a will become effective no earli- ectronic stamp, or other posta	rm prescrib pplication is er than 12:0	ed for use. written.	the insurance
4. The insurance afforded hereunder shall be subject to all the to 5. The Producer of Record must forward this application to the FNOTE: In the event there is no U.S. postmark or if the postmark is following receipt in the Plan Office. A metered mail postmark corporated a postmark of the United States Postal Service for the Requested Effective Date and Time:	Plan Office within two sillegible, coverage nputer-generated ele purposes of effectir  If the applic of coverage	of the Plan and the Policy Foo (2) working days after the a will become effective no earli- ectronic stamp, or other posta	rm prescrib pplication is er than 12:0 uge service via EASi. the day fo	ed for use. written. 1 A.M. on the stamp shall the effectioning re	the insurance ne day not be
4. The insurance afforded hereunder shall be subject to all the to 5. The Producer of Record must forward this application to the FNOTE: In the event there is no U.S. postmark or if the postmark is following receipt in the Plan Office. A metered mail postmark, core considered a postmark of the United States Postal Service for the Requested Effective Date and Time:  Example: 09/ 01/2002 11:30 AM  IN NO EVENT SHALL COVERAGE BE EFFECTIVE PRIOR TO	Plan Office within two sillegible, coverage nputer-generated ele purposes of effectir  If the applic of coverage the P	of the Plan and the Policy For (2) working days after the a will become effective no earliectronic stamp, or other postal coverage.  ation is NOT submitted a will be 12:01 A.M. on the lan Office, unless a future.	rm prescrib pplication is er than 12:0 de service via EASi, he day for re date is	ed for use. written. 1 A.M. on tistamp shall the effectiowing regueste	the insurance ne day not be
4. The insurance afforded hereunder shall be subject to all the to 5. The Producer of Record must forward this application to the FNOTE: In the event there is no U.S. postmark or if the postmark is following receipt in the Plan Office. A metered mail postmark, coreconsidered a postmark of the United States Postal Service for the Requested Effective Date and Time:  5. Example: 09/ 01/2002 11:30 AM	Plan Office within two is illegible, coverage inputer-generated elepurposes of effectire of coverage the purposes of effectire of coverage the P  THE DATE AND HO  allifornia. I have read acting on behalf of acting on behalf of induction of premium, arrier unearned come applicant and to are applicant every que so of the applicant's siffy that this application in a made resulting in a	of the Plan and the Policy For (2) working days after the a will become effective no earliectronic stamp, or other postage coverage.  ation is NOT submitted will be 12:01 A.M. on the postage of the pos	orm prescrib pplication is er than 12:0 age service.  Via EASi, the day for re date is sapplication in given to mid premium eceived by accurately in license(s) the effective or possible effective.	ed for use. written.  1.A.M. on tistamp shall the effectioning regueste ATION.  R Plan and have repute the by the appropriate to the insurance as required as required to the provision of the pr	the insurance le day not be ceipt in d. ave no blicant. In de fed by the fed by the lended or ons of the

SECTION 18.	MOTE	
SECULON AS.		1 3 3 57 1

Section 11624.5 of the California Insurance Code provides: No insurance agent, broker or solicitor shall make any charge to the applicant, directly or indirectly, for furnishing any person the necessary application forms, technical assistance and services necessary to perfect an application through the Plan other than such commission as is paid by the insurer pursuant to the provisions of such Plan.

## SECTION 19.

MIH

AW

ANY PERSON WHO KNOWINGLY MAKES AN APPLICATION FOR MOTOR VEHICLE INSURANCE COVERAGE CONTAINING ANY STATEMENT THAT THE APPLICANT RESIDES OR IS DOMICILED IN THIS STATE WHEN, IN FACT, THE APPLICANT RESIDES OR IS DOMICILED IN A STATE OTHER THAN THIS STATE, IS SUBJECT TO CRIMINAL PENALTIES.

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A

LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.	
SECTION 20. APPLICANT'S STATEMENT	
I hereby certify under penalty of perjury that I,  1. have been informed of my right to choose the CAARP interest-free Payment Plan options as shown in Section 14 of this application  CHECK ONE:   Yes   No – If "No" please ask the producer for an explanation.  have duly authorized the undersigned to execute this application on my behalf if the Applicant is not a natural person.	htain
3: has tried without success to obtain automobile insurance in this state within the preceding 60 days, and that the Applicant has been unable to obsuch insurance through ordinary methods. 4. to the best of my knowledge and belief all statements contained in this application are true and all these statements are offered as an inducer to issue the policy for which I am applying.	
5. realize that any misleading information or failure to disclose required information will be considered lack of good faith on my part and may voice the application or cause cancellation of my coverage.	
6. agree that no coverage will be in effect if my premium remittance, which accompanies this application, is justifiably dishonored by any finance institution.  Institution.  Institution.  In the carrier reserves the right to adjust the premium either premium and the premium of the premium either premium either the issuance of the policy. I agree to pay the adjusted/developed premium which may be higher than the original estimate.	
to or after the issuance of the policy. I agree to pay the adjusted/developed premium which may be higher than the original estimate.  will pay all premiums when due.  designate as Producer of Record of this insurance the Producer or firm named in this application. A substitute Producer may be designated by me at any time and, upon designation shall be the Producer of Record. I understand that any designated Producer cannot act as an agent of California Automobile Assigned Risk Plan or any carrier for the purpose of this insurance and that the Producer has no authority to establish, or amend terms or conditions of coverage.	the
to amend terms of conditions of coverage.  10. do not owe any insurance company for automobile insurance premiums due or contracted during the preceding 36 months.  11. understand that if I owe money for a prior CAARP policy which I have not formally appealed to the California insurance Commission the money I submit with this application for a new CAARP policy will be applied to that prior policy, and I am not entitled to a refund the money I have submitted with this application, even if coverage for this new policy is terminated, until I pay the full amount owed all current and prior CAARP policies.	of
12. understand that the agent/broker is not acting as an agent of any company for the purposes of this insurance.  43. will remit a check, money order or a bank draft of mine, producer of record or financial institution, as directed by the insurer, for the balance of the full premium for the policy, within 30 days of notification or, if I have elected a Payment Option in Section 14 of this application, to make payments as specified in the CAARP interest-free Payment Plan Regulation (Section 44).	of
15. that when the insurance is to be written on a basis requiring final adjustment of the premium after expiration of the policy, I will maintain a complete record of all financial transactions in any reasonable form and manner as the insurer may require. I will also make this record available for inspection by the insurer at a designated place and at all reasonable times.	able
thereby authorize any insurer that may previously have provided coverage to me or to additional named insureds to provide records, data or information concerning prior coverage to the Plan or any carrier designated by the Plan. I agree that a reproduction of this authorization shall be considered as effective and valid as the original.	•
Date: Hour: AM	Λ
Named Applicant's or Corporate Officer's Signature	
NOTICE TO APPLICANT AND PRODUCER	
In the event acknowledgement of coverage is not received within 30 days, notify the Plan Office at PO Box 7917, San Francisco, CA 94120	
When a CAARP Commercial Auto insurance policy is cancelled, the premium refund determined in accordance with Plan rules may be based on of the pro rate unearned premium for the period of coverage, subject to a minimum premium of \$250 per vehicle or policy, whichever is greater.	- <del>80</del> -
FAIR CREDIT REPORTING ACT NOTICE	
in addition to routine verification of information pertinent to the insurance applied for, if the application is by an individual for insurance primarily for personal or family purposes, the insurer to which it is assigned may have an investigative consumer report made including information bearing on character, general reputation, personal characteristics or mode of living and, upon the individual's written reque will disclose in writing the nature and scope of the investigation requested, if such report is procured.	1.
REMARKS SECTION	
wa.	

Complaints about insurance companies or agents/brokers can be directed to the California Department of Insurance Consumer Services Division a 800-927-HELP(4357).

--

EXHIBIT A Page 1 of 1

# Sec. 3. ADMINISTRATION

Paragraphs C.1 and C.3 are amended as follows:

- C. Selection of Advisory Committee Representatives
  - 1. Companies Insurer Members

The eight insurers representing subscribing insurers shall be elected annually by subscribing insurers. Each representative serving on the Committee shall be either (1) a salaried employee or officer of the named insurer or (2) a salaried employee or officer of another insurer from a group of insurance companies under the same management as the named insurer. A salaried employee or officer of the holding company of the named insurer may also be designated as the representative. Insurer representatives shall be chosen in accordance with the following criteria:

- a. At least two insurer representatives shall represent insurers having their principal headquarters located in California.
- b. At least two insurer representatives shall represent insurers who have average annual automobile liability premiums in

California below \$100,000,000 in the prior three years.

- c. At least one insurer representative shall represent an insurer with average annual automobile liability premiums in California exceeding \$100,000,000 in the prior three years.
- d. At least one insurer representative shall represent an insurer with average annual automobile premiums in California exceeding \$700,000,000 in the prior three years.

No CAIP servicing carrier shall serve on the Committee. If a company is appointed as a CAIP servicing carrier, it shall resign its seat concurrent with the effective date of its appointment.

## 2. Public Members

Four public members shall be appointed by the Commissioner. Public members shall be paid \$250 per meeting day and shall be reimbursed all reasonable expenses incurred. EXHIBIT A Page 1 of 4

HOW TO SUBMIT AN APPLICATION TO THE CALIFORNIA AUTOMOBILE ASSIGNED RISK PLAN

HOW, WHEN, AND WHERE

The **second** paragraph is amended as follows:

Application to the Plan may be made by the following methods:

The Electronic Application Submission Interface (EASi)

To expedite the application submission process, EASi is recommended. The system offers on line completion of the application form, provides immediate binding of coverage, and electronically transmits the application to the Plan Office. When the electronic payment option is chosen, the deposit payment may be made by electronic funds transfer, debit card, or credit card.

**EASI Expedited** Private | **Passenger** Applications with Electronic Payment Option: completed The original EASi application generated from the system bearing the signatures of the applicant and producer and any supporting documentation are faxed to the Plan Office. Assignment notices will be available electronically for the producer to print, as well as being mailed out to the producer and the insured.

All Other EASi Applications (Including private passenger EASi applications when the deposit premium is submitted by check or money order and all commercial EASi applications): The producer must mail or deliver the completed original EASi application generated from the system bearing the signatures of the applicant and producer, the

deposit check or money order, and any supporting documentation to the Plan Office in accordance with Plan rules.

For further details refer to Section 28.C.2 or Section 46.C.2.

 Alternate Application Submission Procedures

The following additional application submission methods are available for producers who choose not to use EASi or do not have access to EASi. They are also available for producers using EASi in the event EASi is not available for any reason.

 United States Postal Service Mail or Delivery By Means Other Than the United States Postal Service

Using either of these methods, the original paper application bearing the signatures of the applicant and producer accompanied by the required supporting documentation and the deposit check or money order must be submitted to the Plan. Coverage is effective as of 12:01 A.M. on the date following receipt of the application in the Plan Office unless a future effective date of coverage is requested.

For further details refer to Appendix Section 61.D and 62.D.

(The **third** paragraph and remainder of the Introduction are unchanged.)

**DEFINITIONS** 

The following **definition** is amended:

"Electronic Payment" means the optional method methods for submission of the deposit payment by electronic fund transfer, debit card, or credit card available with the EASi application submission process for private passenger applications.

# PERSONAL AUTOMOBILE PART

# Sec. 26. PREMIUM PAYMENT OPTIONS

The applicant or producer shall submit a separate check or money order payable to the Plan with each application. When the application is transmitted using EASi, an electronic payment option is available in accordance with Plan approved procedures. Electronic payment options available include electronic funds transfer, debit cards, and credit cards. The initial payment shall be in the form of an applicant's check, producer's trust account check, certified check, bank check, or money order or by electronic payment in accordance with Plan approved procedures. If the premium is to be financed, a separate check or draft shall accompany

each application. The full annual premium payment option, the advance premium payment option, and the installment premium payment options shall be available to applicants.

(Paragraphs A through C are unchanged).

Paragraph **D** is provided for information only.

D. Deposit, Installment, or Additional Premium Payments Applicable to A, B, or C Above

The deposit accompanying the application shall be by applicant's check, producer's trust account check, certified check, bank check, or money order, or by premium finance company check or draft payable to the California Automobile

EXHIBIT A Page 2 of 4

Assigned Risk Plan. If the application is transmitted using EASi, an electronic payment option is available in accordance with Plan approved procedures. All deposits, installment payments, and additional premium payments must be submitted on a gross basis. No commission shall be withheld by the producer. Producer commission shall be paid in accordance with Section 34.

The Plan shall immediately return the deposit if the risk is not assigned. The insurer shall credit the deposit against the gross premium if the risk is assigned. The insurer shall refund any portion of the deposit only as provided in Sections 26.E and G.2.c.

(The remainder of paragraph **D** and paragraph **E** are unchanged)

Paragraph F is amended as follows:

# F. Dishonored Checks and Electronic Payments

If any check is dishonored or if an electronic payment is dishonored or returned by the bank, the <u>Plan or</u> insurer may impose a dishonored check or electronic payment fee of up to \$10, and the Plan or insurer may require all further payments from that maker <u>or debit or credit card holder</u> to be in the form of a certified check, bank check, or money order, for a period of 12 months from the date the check or electronic payment was dishonored.

Insurers shall notify the Plan of producers who submit dishonored checks or electronic payments that are dishonored or returned by the bank. The Plan may require those producers to submit a certified check or money order with future applications.

(Paragraph G is unchanged.)

# Sec. 28. APPLICATION FOR ASSIGNMENT, DESIGNATION OF INSURER, EVIDENCE OF INSURANCE, AND EFFECTIVE DATE OF COVERAGE

(Paragraphs A and B are unchanged.)

Paragraph C.2.d is amended as follows:

# C. Effective Date of Coverage

For the purposes of Section 28, the postmark which is to be recognized by the Plan shall be the postmark of the United States Postal Service. A metered mail postmark, computergenerated electronic stamp, or other postage service or stamp shall not be considered a postmark of the United States Postal Service for the purposes of effecting coverage.

The Plan shall provide for effective dates of coverage consistent with all of the following:

- In no event shall coverage be effective prior to the date and time of completion, signing, and dating of the application forms.
- Electronic Application Submission Interface (EASi)
  - a. To expedite the application process, producers who are certified by the Plan may use EASi to establish the effective date of coverage if the applicant requires that the coverage applied for become effective at the time of application. Coverage will be effective only when the electronic application is transmitted under the procedures established by the Plan.

The Plan shall establish and maintain a toll free number for producer technical support as part of EASi. The Plan shall maintain sufficient capacity to provide system access and transmittal, in a timely manner, of completed on line applications by means of EASi.

EASi shall be available only to producers who are certified by the Plan.

The producer may not transmit the application using EASi until the application for coverage has been completed and the deposit has been received.

# b. Immediate Coverage

Coverage shall be effective at the date and time of transmission of the electronic application provided all of the following requirements are met for the EASi option chosen:

- (1) Electronic Payment Option
  - (a) The producer and applicant certify, under penalty of perjury, on the paper application form generated by EASi, the date and time that the application was transmitted.
  - (b) The producer uses EASi pursuant to Section 28.C.2.
  - (c) The completed application form generated by EASi and premium deposit are electronically transmitted to the Plan Office in accordance with procedures approved by the Plan.
  - (d) A copy of the completed original signed application form generated by EASi and required

EXHIBIT A Page 3 of 4

documentation are faxed to the Plan Office no later than one working day following the date the application and deposit are electronically transmitted to the Plan. If the EASi application and required documentation are not faxed to the Plan Office in accordance with this subsection. coverage shall be effective at 12:01A.M. on the day following receipt of the **faxed** EASi application and documentation by the Plan Office. The date of receipt of the fax in the Plan Office shall be established by the date and time signature of the Plan facsimile on the EASi application and documentation submitted.

- (2) Regular Check or Money Order Submission Option
  - (a) The producer and applicant certify, under penalty of perjury, on the paper application form generated by EASi, the date and time the application was transmitted.
  - (b) The producer uses EASi pursuant to Section 28.C.2.
  - (c) The paper application form generated by EASi, required documentation, and required deposit check or money order are mailed to the Plan Office no later than two working days following the date the application was transmitted to the Plan. The mailing date is established by the United States Postal Service postmark on the enclosing envelope If the application. paper required application, documentation, and deposit check or money order are not mailed to the Plan Office in accordance with this subsection, coverage shall be effective at 12:01 A.M. on the day following receipt of the paper application and deposit by the Plan Office.
- c. Future Effective Date of Coverage

In the event a future effective date of coverage is requested by the producer of record, coverage shall become effective as of 12:01 A.M. on the future date, provided all of the following requirements are met for the EASi method chosen:

- (1) Electronic Payment Option
  - (a) The requested effective date of coverage shall not exceed 45 days from the date of completion of the application.
  - (b) The producer and applicant certify, under penalty of perjury, on the paper application generated by EASi, the date and time the application was transmitted.
  - (c) The producer uses EASi pursuant to Section 28.C.2.
  - (d) The completed application form generated by EASi and deposit payment are electronically transmitted to the Plan Office in accordance with procedures approved by the Plan.
  - (e) A copy of the completed original application sianed generated by EASi and required documentation are faxed to the Plan Office no later than one working day following the date the application and deposit are transmitted to the Plan. If the EASi application and required documentation are not faxed to the Plan Office in accordance with this subsection, coverage shall be effective at the future effective date or at 12:01A.M. on the day following receipt of the **faxed** EASi application and documentation by the Plan Office. The date of receipt of the fax in the Plan Office shall be established by the date and time signature of the Plan facsimile on the EASi application and documentation submitted.
- (2) Regular Check or Money Order Submission Option
  - (a) The requested effective date of coverage shall not exceed 45 days from the date of completion of the application.
  - (b) The producer and applicant certify, under penalty of perjury, on the paper application form generated by EASi, the date and time application was transmitted.
  - (c) The producer uses EASi pursuant to Section 28.C.2.
  - (d) The paper application form generated by EASi, required

EXHIBIT A Page 4 of 4

documentation, and required deposit check or money order are mailed to the Plan Office no later than two working days following the date application was transmitted to the Plan. The mailing date is established by the United States Postal Service postmark on the enclosing envelope lf application. the paper application and deposit check or money order are not mailed to the Plan Office in accordance with this subsection, coverage shall be effective at the future effective date or at 12:01 A.M. on the day following receipt of the application and deposit by the Plan Office, whichever is later.

## d. Retraction Procedure

Following issuance of an EASi reference number and prior to the mailing or faxing of a completed signed application to the Plan, the producer shall be authorized to rescind coverage bound pursuant to EASi if

- (1) the producer discovers a material error in an application;
- (2) the applicant has notified the producer of record that coverage through the Plan is no longer required; or
- (3) the producer of record has, in error, requested more than one EASi reference number for the same application.

The producer of record shall retract or void an EASi reference number by accessing EASi and using the on-line EASi electronic retraction process or by completing an a paper EASi Effective Date Retraction Request Form within 24 hours of the date and time of transmittal of the electronic application to the Plan Office. When the on-line EASi electronic retraction process is used, the producer is not required to submit a voided paper application to the Plan Office. The A producer completing the paper form must forward the completed EASi Effective Date Retraction Form to the Plan within the next four days. Failure to mail the retraction form in accordance with this subsection will result in assessment of a violation against the producer.

If an EASi reference number must be retracted or voided for an application

transmitted with using the electronic payment option, the deposit will be returned to either the producer's account or the insured's account the producer or the applicant based on the originator of the payment and the method of electronic payment used. The deposit shall be returned within five working days following the date of transmittal of the EASi on-line retraction request or receipt of the completed paper EASi Effective Date Retraction Request form by the Plan Office, as evidenced by the postmark on the transmittal envelope.

(Paragraphs C.3 through C.9 are unchanged)

Paragraph **D** is provided for information only.

# D. Plan Submission to the Designated Insurer

The Plan shall forward to the assigned insurer the application, a copy of the notice of the effective date of coverage, and the deposit (electronic payment or check or money order) same to be credited by the insurer against the policy premium.

(Paragraphs E through H are unchanged.)

EXHIBIT A Page 1 of 2

# Rule 24. ADDITIONAL CHARGES

Paragraph F.1 is amended as follows:

F. Penalty Points Assignable for Accidents and Convictions

Accidents

Two penalty points shall be assigned for each auto accident resulting in bodily injury or death.

One penalty point shall be assigned for each auto accident resulting only in damage to property if the driver was principally at fault.

A driver may be considered to be principally at fault in an accident if the driver's actions or omissions were at least 51 percent of the proximate <a href="Legal">Legal</a> cause of the accident, subject to the exceptions listed below, and in accidents not resulting in <a href="Doddily injury or death">Dodily injury or death</a>, if the damage to the property <a href="Geograph: en-person">Geograph: Geograph: Geo

- \$750 \$1,000, for accidents occurring on or after January 1, 2003 December 11, 2011; or
- \$500 \$750, for accidents occurring before January 1, 2003 through December 10, 2011.

A driver may be determined to be principally at fault for such accident where the accident was a solo vehicle accident subject to the exceptions listed below.

EXCEPTIONS: Penalty points shall not be assigned if the accident occurred under the following circumstances:

 a. The auto owned or operated by the applicant or other person who usually drives the applicant's auto was lawfully parked.

Note: An auto rolling from a parked position shall not be construed as lawfully parked but shall be considered as the operation of the last operator.

- b. The auto owned or operated by the applicant or other person who usually drives the applicant's auto was struck in the rear by another auto and the applicant or operator was not convicted of a moving traffic violation in connection with the accident.
- c. The auto owned or operated by the applicant or other person who usually drives the applicant's auto was struck by a hit-and-run driver, if such accident was reported to the proper authority within 24 hours.
- d. The auto owned or operated by the applicant or other person who usually drives the applicant's auto was not convicted of a moving traffic violation and the owner or operator of the other auto was so convicted in connection with that accident.
- e. Injury or damage was caused by contact with animals, fowl, flying gravel, or falling objects.
- f. The accident occurred as a result of while operating an auto authorized emergency vehicle by a peace officer, member of the California Highway Patrol, or firefighter in the performance of his or her duty during the hours of his or her employment in response to an emergency and, at the time of the accident, the applicant or other person who usually drives the applicant's auto, was responding to a call to duty as a paid or volunteer member of any police or fire department, first aid squad, or any law enforcement agency.
- g. The accident was a solo vehicle accident that was principally caused by a hazardous condition of which a driver, in the exercise of reasonable care, would not have noticed (for example, ex: black ice), or could not have avoided (ex: a child running into the street).

EXHIBIT A Page 2 of 2

#### COMMERCIAL GENERAL RULES CHAPTER

# Rule 55. ADDITIONAL CHARGES

Paragraph F.1 is amended as follows:

- F. Penalty Points Assignable for Accidents and Convictions
  - 1. Accidents

Two penalty points shall be assigned for each auto accident resulting in bodily injury or death.

One penalty point shall be assigned for each auto accident resulting only in damage to property if the driver was principally at fault.

A driver may be considered to be principally at fault in an accident if the driver's actions or omissions were at least 51 percent of the proximate legal cause of the accident subject to the exceptions listed below, and in accidents not resulting in bodily injury or death, if the damage to the property of any one person is in excess of

- a. \$750 \$1,000, for accidents occurring on or after <del>January 1, 2003</del> <u>December 11, 2011;</u> or
- b. \$500 \$750, for accidents occurring before January 1, 2003 through December 10, 2011.

A driver may be determined to be principally at fault for such accident where the accident was a solo vehicle accident subject to the exception listed below.

EXCEPTIONS: Penalty points shall not be assigned if the accident occurred under the following circumstances:

 The auto owned or operated by the applicant or other person who usually drives the applicant's auto was lawfully parked.

Note: An auto rolling from a parked position shall not be construed as lawfully parked but shall be considered as the operation of the last operator.

 The auto owned or operated by the applicant or other person who usually drives the applicant's auto was struck in the rear by another auto and the applicant or operator was not convicted

- of a moving traffic violation in connection with the accident.
- c. The auto owned or operated by the applicant or other person who usually drives the applicant's auto was struck by a hit-and-run driver, if such accident was reported to the proper authority within 24 hours.
- d. The auto owned or operated by the applicant or other person who usually drives the applicant's auto was not convicted of a moving traffic violation and the owner or operator of the other auto was so convicted in connection with that accident.
- e. Injury or damage was caused by contact with animals, fowl, flying gravel, or falling objects.
- f. The accident occurred as a result of while operating an aute authorized emergency vehicle by a peace officer, member of the California Highway Patrol, or firefighter in the performance of his or her duty during the hours of his or her employment in response to an emergency and, at the time of the accident, the applicant or other person who usually drives the applicant's auto, was responding to a call to duty as a paid or volunteer member of any police or fire department, first aid squad, or any law enforcement agency.
- g. The accident was a solo vehicle accident that was principally caused by a hazardous condition of which a driver, in the exercise of reasonable care, would not have noticed (for example, ex. black ice), or could not have avoided (ex. a child running into the street).

# CALIFORNIA LOW COST AUTOMOBILE INSURANCE PROGRAM APPLICATION FOR INSURANCE

Language discrepancies arising from the translation of the English version of the Instructions portion of this application shall be settled using the English language version.

#### IMPORTANT NOTICE

This policy is not effective until your application is electronically transmitted to the Plan by your agent or broker. The following conditions must also be met: (1) Both you and your agent or broker must sign and date a properly completed application. (2) Your agent or broker must mail your application to the Plan within two days of its completion. You may request that your agent or broker transmit the documents in your presence to ensure immediate coverage, provided the above requirements are met. If the above requirements are not met, your coverage will take effect the day after the Plan office receives your application. You may request that your agent or broker notify you when coverage is effective.

request that your agen	t or broker notify	you when cov	erage is e	ffective.				
APPLICANT	MUST MEET TH	E FOLLOWING	ELIGIBILI	TY REQU	<b>IREMENT</b>	S		
Please check each box to indivodu DO NOT MEET THESE COVERAGE PROVIDED.								
Applicant resides in the C	alifornia county as sh	own on this applica	ition.					
, □ Household annual income	Household annual income before taxes, cannot exceed 250% of the federal poverty level.							
	Must be at least 19 years old and have been continuously licensed in the US or Canada for the previous 3 years or 18							
□ No more than one moving	violation or property	damage only accid	ent in which t	he driver wa	s at fault in	past 3 years.		
□ No at fault accident with B	l or death in the past	3 years,						
□ No felony or misdemeano	convictions in violati	ion of Vehicle Code	on DMV reco	ord.	Delet	ions		
Is not a college student cla	aimed as a dependen	it of another person	for tax purpo	ses.				
⊭⊟ Has no other automobile li	ability insurance cove	erage over and abo	ve this policy.					
<ul> <li>Value of vehicle cannot be</li> </ul>	more than \$20,000.0	00.						
<ul><li>Cannot have more than 2</li></ul>	low cost policies per	person insured thro	ough the CA I	ow Cost Au	to Insurance	e Program.		
Cannot have other liability	insurance coverage	in the household. H	łowever, you	may purcha	se Physical	Damage		
Coverage elsewhere. You		ptional Uninsured I	Notorist Bodil	y Injury and I	Medical Pay	ment		
coverages through the Pro	To the state of th	<del>- 4</del>			· ·	<u> </u>		
SECTION 1. PRODUCER OF RE	SORD.		Producer First N		<del></del>	Тмі		
The control of the co			- Todacel 1 list 14	ame		.   ""		
īDBA Name				· · · · · · · · · · · · · · · · · · ·				
N   N   N   N   N   N   N   N   N   N	·	1 Ota (Ant. Ma	1.0%		State	Zip Code		
Mailing Address		Ste./Apt. No.	City	• *	State	Zip Code		
Tax ID or Social Security No.	Producer License No.	Telephone No.		Fax	io.			
SECTION 2. SIGNING PRODUCE	R Complete if produ	cer completing/signin	g this application	n differs from	Producer of I	Record,		
Last Name	Fir	st Name	1	/II Produc	er License No			
SECTION 3. APPLICANT NAME			L					
Last Name	First Name		MI Hon	ne Telephone N	o. Busine	ss Telephone No.		
). [.]								
Street Address		Ste./Apt, No.	City		State	Zip Code		
Malling Address (if different from Stree	(Address)	Ste./Apt. No.	City		State	Zip Code		
(A)			1	Mail comp	plated an	nlication		
CAARP/California Low Cos	st Automobile Insur	ance Program	4:	mail comb	neren ah	piivation,		

IncAARP/California Low Cost Automobile Insurance Program
PO Box 7917
Inc.San Francisco, CA 94120-7917



Mail completed application, with check/money order and required attachments.

IP 126E CA LOW COST (Rev 2/12) - Page 1

ASS I

 $\Delta (G)$ 

SECTION 4. HO	USEHOLD INFO	RMATION					•					
"Household" mea blood, marriage, they constitute di	realstered domes	tic parinershi	p. adoptionor o	uardian	ship If n	nore than	i one family	is livina i	tment) n the	and w	ho are	related b
How many in					19419.5		all family n		avan .	if thev	do noi	dáve
List all operators					rs/reside						<b></b> (10.	, 0,11.0,
Applicant's former					, , , , , , , ,	7100) 171010	, at a 11 th 1 th 1 th 1	11110		<u> </u>		<del></del>
Street Address				***************************************	Ci	lŷ'	<del></del>	***************************************		I s	lsle	Zip Gode
M.						e areas			٠.			
Name	Occupation	Annual Income	Birth Date	Sex	RS	MS	Driver License I		ST			3 Years? Ive date
APPLICANT										,□ Ye		
and the state of t					1 7,5,475					☐Yes	I D N	lo .
<u> </u>			<u> </u>							□ Yes		lo
rure East				<del>'''</del>			+	~   -	· · · · · ·	∐ Yes	ПN	lo .
1M:	1				4	10000 - 1000	<del> </del>			☐ Yes	CIN	
enter United	<del> </del>							<del> </del>		□ Yes		
	W-Wile, H-Husban	d C Can In In-	umbine E Colhes	i i i i i i i i i i i i i i i i i i i	a manatika	21 8/21	in the law o		المنا			
MS =	GC-Grandchild, A. S-Single, M-Marrie	Aunt, U-Uncie,	C-Cousin, P-Dome	M-Moine estic Part	ner, SP-S	er, 5)-5181 ipouse (Fo	er, i-in-iaw, G or relationship	-Grandpa s not liste	rent, id; India	cate in i	Remark	(S)
Applicant's Occupali	on			N	alure of B	usiness		Employ	er's Na	me		
Employer's Street Ac	<u> </u>			CI	ly				S	late	Zip (	Code
SECTION 5. VEHI	CLE							,		,		
Yéar	Make	Ÿ., ······	,	M	odel							
Vehicle identification	No.			Regi	atered Ov	vner's Las	t Name		First	Name	·	<del></del>
/ (/ · · · · · · · · · · · · · · · · · ·		1 = 7.2					Tari da la ca		<u> </u>			
Purchased Mo./Yr.	e ,	□ New	D Used		: !	'Current'\	/alue of Vehic	le				
Principal Address of 0	Saraging		Applicant address	as It ap	cears on r	egisiralio	ı, if different f	om Sec 3	3	Sial	e Regi	stered in
During the three year	rs prior to the effect	ive date of this	policy:			<del></del>						
l- Have you been inv	olved in any accide	nt in which you	were principally at	, fault inv	olving bod	illy injury c	r death?			П	YES	□ NO
: Have you been inve	•							ĠĠ		rit	YES	□ NO
Have you been invi	•			•		us adidibis	should doubles	<b>~</b> ₹*				
SECTION 6. COVE		it ili wilich you	were considered to	o os noti	at lauit?	<del></del>				:4	YES	□ NO
	MACLO		7 10 75 1000 1000		and the	<del> </del>		<del>, , , , , , , , , , , , , , , , , , , </del>				<del></del> ;
1. Indicate Ap 2. Check Box	pplicant's County tes for Requested	of Residence l'Goverage	inėti į	RUCTI	3. Inc		emium Amo tal Policy Pr				Reside	ence *
COUNTY OF RI				<del></del>				VDICATI			AMO	Ψ TNU
Bodily injury Liability \$10,000 Ea	y ach Person / \$20,	,000 Each Ac	cident	, _		· · · · · · · · · · · · · · · · · · ·				*****	***************************************	
roperty Damage Li \$3,000 Exc	lability ch Accident			Re	quired C	overage						
Medical Payments \$	1,000			Ор	llonal Co	verage					***************************************	
ninsured Molorist ( \$10,000 Ez	Coverage – Bodil ach Person / \$20,	y injury 000 Each Acc	cident 🗆	Орі	ional Co	verage		<del></del>				
outhful Unmarried			<del></del>	Che	ck if Apr	olicable		<del></del>				
Current Rates as o	f date shown át t	ottom of app	lication. TOT	AL POI	CY PR	EMIUM	<b>→</b>		***************************************	<u> </u>	· · · · · · · · · · · · · · · · · · ·	

 $\Delta W$ 

Uption 1-installment Plan - Deposit of \$100 pick 50-innonthly payments - No Interest, \$4.00 per Installment charge.  Option 2-installment Plan - Deposit of \$125 or 25% whichever is greater, plus 5 bi-monthly payments No Interest, \$4.00 per Installment charge.  Option 3-installment Plan - Deposit of \$125 or 25% whichever is greater, plus 5 bi-monthly payments No Interest, \$4.00 per Installment charge.  Option 3-installment Plan - Deposit of \$15% of Total Premium plus 6 bi-monthly installments - No Interest, \$4.00 per Installment charge.  SECTION 7-A DEPOSIT PAYMENT Indicate Total Deposit Amount Received from Applicant: \$  SECTION 7-A DEPOSIT PAYMENT Indicate Total Deposit Amount Received from Applicant: \$  SECTION 8-FINANGAL RESPONSIBILITY (Complete by Producer by: Credit/Debit Card Was Receipt Provided to Applicant?   VES   No SECTION 8-FINANGAL RESPONSIBILITY (Complete it spollcant or other eligible operator is required to file evidence of financial responsibility but sill meet the good driver requirements of this policy.)  Section 8-FINANGAL RESPONSIBILITY (Complete it spollcant or other eligible operator is required to file evidence of financial responsibility but sill meet the good driver requirements of this policy.)  Section 8-FINANGAL RESPONSIBILITY (Some Complete in Spollcant) (Some Responsibility but sill meet the good driver requirements of this policy.)  Section 9-FINANGAL RESPONSIBILITY (Some Complete Installment) (Some Responsibility but sill meet the good driver requirements of this policy.)  Case   Policy No.   CaserFile No.	SECTION 7. PAYMENT PLANS GROSS DEPOSIT PREMIUMS	S MUST BE S	UBMITTED WITH API	PLICATION				
Feynment Submitted:	Full Annual Premium Deposit premium (\$125 or 25%, whichever is greater, balance due in 30 days) Option 1-Installment Plan — Deposit of \$100 plus 6 bi-monthly payments — No interest, \$4.00 per Installment charge. Option 2-Installment Plan — Deposit of \$125 or 25% whichever is greater, plus 5 bi-monthly payments No interest, \$4.00 per Installment charge.  Option 3-Installment Plan — Deposit of 15% of Total Premium plus 6 bi-monthly installments — No							
Personal Chack	SECTION 7.A DEPOSIT PAYMENT Indicate Total Deposit	t Amount R	eceived from Applic	ant: \$				
Cash	Payment Submitted:   Producer/Agency Trust Account Check	☐ Applicant	Check	der Check	/M.O.No.			
Case/File No.	EAX 7 (A)	المحمد المحمد	Was Receipt Provide	d to Applicant	? □ YES □ NO			
Resides with Applicant   Resides with Applicant   Policy No.   Resides with Applicant   Policy No.   Reson for Filing   Resides with Applicant   Policy No.   Reson for Filing   Reson f	SECTION & FINANCIAL RESPONSIBILITY (Complete if applicant	or other eligible	operator is required to fil	e evidence of fir	nancial responsibility but			
in the SR22/1P filing for this Low Cost Auto Policy is issued for owners coverage, per California Ins. Code Article 5.5 §11629.8.  SECTION 9. INSURANCE RECORD  Igame of applicant's last company  Policy No.  Termination date    Policy No.   Policy No.   Termination date	suil meets the good di	iver requiremer	its of this policy.)	Case/File No	)			
SECTION 9. INSURANCE RECORD   Policy is issued for owners coverage, per California Ins. Code Article 5.5 §11629.8.   SECTION 9. INSURANCE RECORD   Policy No.   Termination date   Termination date   Termination date   Policy No.   Policy No.   Termination date   Policy No.   Policy No.   Termination date   Policy No.   Policy No.   Policy No.   Pres.   No.   Pres.   No.   Pres.   No.   Pres.   No.   Pres.   No.   Pres.   Pres		State where	Filing required	Reason for F	iling			
SECTION 9. INSURANCE RECORD   Policy No.   Termination date		Owners cove	erage ner California	Ins. Code Ar	licie 5 5 811629 8			
Section 16.00   Section 16.0		0441013 0040	stage, per Camornia	ilia. Odde Al	10.0 0.0 911020.0.			
Is there a policy currently in effect for the vehicle being insured on this application? Yes No  Are any other vehicles owned by any member of household?  Are any other vehicles owned by any member of household?  SECTION 10. COVERAGE FOR ACTS OF UNINSURED MOTORIST: CALIFORNIA  DELETTION OF COVERAGE: The California Insurance Code requires an insurer to provide uninsured motorists coverage in each bodily injury liability insurance policy it issues covering liability arising out of the ownership, maintenance, or use of a motor vehicle. Those provisions also permit the insurer and the applicant to delete the coverage completely or to delete the coverage when a motor vehicle is operated by a natural person or persons designated by name. Uninsured motorists coverage insures the insured, his or her heirs or legal representatives for all sums within the limits established by law, which such person of persons are legally entitled to recover as damages for bodily injury, including any resulting sickness, disease, or death, to the insured motor operator of an uninsured motor vehicle and underinsured motor vehicle as defined in subsection (p) of Section 1530.2 of the Insurance Code.  Not withstanding the coverage amounts required by Section 11580.2 and Section 16056 of the California Vehicle Code, uninsured motorist bodily injury coverage written in conjunction with a Low Cost Auto Policy with coverage limits at least equal to the limits of liability in the underlying Low Cost Auto Policy, shall satisfy the requirements of Section 16831 of the California Vehicle Code.  SECTION 11. REJECTION OF UNINSURED MOTORIST COVERAGE  Uninsured motorist bodily injury coverage written in conjunction with a Low Cost Auto Policy, shall satisfy the requirements of Sections 4000.37, 16021, and 16431 of the California Vehicle Code.  SECTION 11. REJECTION OF UNINSURED MOTORIST COVERAGE  Uninsured motorist coverage and in the underlying Low coverage and in an injured by a person driving without motor vehicle insurance, or any continuation, in	Name of applicant's last company	Policy No.		Termination	date			
Are any other vehicles owned by any member of household?    Yes	Give Reason Terminated	• 18:		<del> !</del>	*			
Are any other vehicles owned by any member of household?    Yes	Le thora a policy surrently in effect for the yelligic heing insured on this continu	ntion?	Van 🗆 Na					
SECTION 10. COVERAGE: The California Insurance Code requires an insurer to provide uninsured motorists coverage in each bodily injury liability insurance policy it issues covering liability arising out of the coverage completely or to delete the coverage when a motor vehicle. Those provisions also permit the insurer and the applicant to delete the coverage completely or to delete the coverage when a motor vehicle is operated by a natural person or persons designated by name. Uninsured motorists coverage finsures the insured notor vehicle is operated by a natural person or persons designated by name. Uninsured motor vehicle is operated by a natural person or persons designated by name, Uninsured motor vehicle includes an unity, including any resulting sickness, disease, or death, to the insured from the owner or operator of an uninsured motor vehicle not owned or operated by the insured or a resident of the isame household. An uninsured motor vehicle includes an underinsured motor vehicle as defined in subsection (p) of Section 1,1580.2 of the Insurance Code.  Not withstanding the coverage amounts required by Section 11580.2 and Section 16056 of the California Vehicle Code, uninsured motorist bodily injury coverage written in conjunction with a Low Cost Auto Policy with coverage limits at least equal to the limits of liability in the underlying Low Cost Auto Policy, shall satisfy the requirements of Section 1580.2 of the California Insurance Code and the financial responsibility requirements of Sections 4000.37, 16021, and 16431 of the California Vehicle Code.  SECTION 11. REJECTION OF UNINSURED MOTORIST COVERAGE  Edificerstand that if I reject uninsured motorist coverage, and if I am injured by a person driving without motor vehicle insurance, indicated by the above agreement shall be binding upon every insured to whom such policy in lininsured motorist coverage from that insurance policy, and the company providing such coverage and I have agreed to delete Imminuted motorist coverage from that insurance policy				ach copy of decl	aration page			
DELETION OF COVERAGE: The California Insurance Code requires an insurer to provide uninsured motorists coverage in each bodily injury lability insurance policy it issues covering liability arising out of the ownership, maintenance, or use of a motor vehicle. Those provisions also permit the insurer and the applicant to delete the coverage completely or to delete the coverage when a motor vehicle is operated by a natural person or persons designated by name. Uninsured motorists coverage insures the insured, his or her heirs or legal representatives for all sums within the limits established by law, which such person or persons are legally entitled to recover as damages for bodily injury, including any resulting sickness, disease, or death, to the insured from the owner or operator of an uninsured motor vehicle not owned or operated by the insured or a resident of the same household. An uninsured motor vehicle includes an underinsured motor vehicle as defined in subsection (p) of Section 1530.2 of the Insurance Code.  **Not withstanding the coverage amounts required by Section 11580.2 and Section 16056 of the California Vehicle Code, uninsured motorist bodily injury coverage written in conjunction with a Low Cost Auto Policy with coverage limits at least equal to the limits of liability in the underlying Low Cost Auto Policy, shall satisfy the requirements of Section 1580.2 of the California Insurance Code and the financial responsibility requirements of Sections 4000.37, 16021, and 16431 of the California Insurance motorist coverage, and if I am injured by a person driving without motor vehicle insurance, it is understand that if I reject uninsured motorist coverage, and if I am injured by a person driving without motor vehicle insurance, it is understand that if I reject uninsured motorist coverage, and if I am injured by a person driving without motor vehicle insurance, it is understand that if I reject uninsured motorist coverage, and if I am injured by a person driving without motor vehicle insurance, it is	□ Yes □ No		<u> </u>					
The rejection of insurance indicated by the above agreement shall be binding upon every insured to whom such policy or endorsement provisions apply while such policy is in force, and it shall continue to be so binding with respect to any continuation, lenewal or replacement of such policy by the named insured, or with respect to reinstatement of such policy within 30 days of any apply while such policy by the named insured, or with respect to reinstatement of such policy within 30 days of any apply while such policy by the named insured, or with respect to reinstatement of such policy within 30 days of any apply while such policy by the named insured, or with respect to reinstatement of such policy within 30 days of any apply while such policy by the named insured, or with respect to reinstatement of such policy within 30 days of any apply while such policy by the named insured, or with respect to reinstatement of such policy within 30 days of any apply the policy within 30 days of any apply while such policy within 30 days of any apply the policy within 30 days of any apply while apply the policy within 30 days of any apply while apply the policy within 30 days of any apply while apply the policy within 30	DELETION OF COVERAGE: The California Insurance Code requires an insurer to provide uninsured motorists coverage in each bodily injury liability insurance policy it issues covering liability arising out of the ownership, maintenance, or use of a motor vehicle. Those provisions also permit the insurer and the applicant to delete the coverage completely or to delete the coverage when a motor vehicle is operated by a natural person or persons designated by name. Uninsured motorists coverage insures the insured, his or her heirs or legal representatives for all sums within the limits established by law, which such person or persons are legally entitled to recover as damages for bodily injury, including any resulting sickness, disease, or death, to the insured from the owner or operator of an uninsured motor vehicle not owned or operated by the insured or a resident of the same household. An uninsured motor vehicle includes an underinsured motor vehicle as defined in subsection (p) of Section 1580.2 of the Insurance Code.  Not withstanding the coverage amounts required by Section 11580.2 and Section 16056 of the California Vehicle Code, uninsured motorist bodily injury coverage written in conjunction with a Low Cost Auto Policy with coverage limits at least equal to the limits of liability in the underlying Low Cost Auto Policy, shall satisfy the requirements of Section 1580.2 of the California Insurance Code and the financial responsibility requirements of Sections 4000.37, 16021, and 16431 of the California Vehicle Code.							
Date: Hour: AM. P.M.  Applicant's Signature  The rejection of insurance indicated by the above agreement shall be binding upon every insured to whom such policy or endorsement provisions apply while such policy is in force, and it shall continue to be so binding with respect to any continuation, renewal or replacement of such policy by the named insured, or with respect to reinstatement of such policy within 30 days of any lapse thereof.  DO NOT SIGN THIS AGREEMENT UNLESS YOU READ AND UNDERSTAND IT.	funderstand that if I reject uninsured motorist coverage, and if	l am injured	by a person driving	without moto	r vehicle insurance,			
The rejection of insurance indicated by the above agreement shall be binding upon every insured to whom such policy or endorsement provisions apply while such policy is in force, and it shall continue to be so binding with respect to any continuation, denewal or replacement of such policy by the named insured, or with respect to reinstatement of such policy within 30 days of any lapse thereof.  DO NOT SIGN THIS AGREEMENT UNLESS YOU READ AND UNDERSTAND IT.	uninsured motorist coverage from that insurance policy.			•				
The rejection of insurance indicated by the above agreement shall be binding upon every insured to whom such policy or endorsement provisions apply while such policy is in force, and it shall continue to be so binding with respect to any continuation, denewal or replacement of such policy by the named insured, or with respect to reinstatement of such policy within 30 days of any lapse thereof.  DO NOT SIGN THIS AGREEMENT UNLESS YOU READ AND UNDERSTAND IT.	X Date:		Hour:		A.M. □ P.M.			
1987 DO NOT SIGN THIS AGREEMENT UNLESS TOU READ AND UNDERSTAND IT.	The rejection of insurance indicated by the above agreemen endorsement provisions apply while such policy is in force, and the policy is in force, and the policy by the named insured, or labse thereof.	nt shall be b it shall conti with respec	inding upon every in nue to be so binding to reinstatement of s	nsured to whe with respect to such policy w	nom such policy or to any continuation.			
fig	DO NOT SIGN, THIS AGREEMENT UNL	.ESS YOU F	EAD AND UNDERS	TAND II.				

#### SECTION 12. APPLICANT - YOUR SIGNATURE ON THIS APPLICATION CERTIFIES THE FOLLOWING. (DO NOT SIGN WITHOUT READING) hereby certify under penalty of periury that I: have been informed of my right to choose the LCA Payment Plan options as shown in Section 7 of this application. **M** 1. 2. agree to pay all premiums when due and designate the individual shown above as agent/broker of record for this insurance: understand that if I owe money for a prior Low Cost Auto (LCA) policy which I have not formally appealed to 3. the California Insurance Commissioner, the money I submit with this application for a new LCA policy will be applied to that prior policy, and I am not entitled to a refund of the money I submit with this application, even if coverage for this new policy is terminated, until I pay the full amount owed for all current and prior LCA policies: understand the agent/broker is not acting as an agent of any company for the purposes of this insurance; agree that no coverage will be effective if my premium remittance is justifiably dishonored by the financial institution; will remit a check, money order, or a bank draft of the applicant or producer of record, as directed by the insurer, for the balance of the full premium for the policy, within 30 days of notification or, if I have so elected in Option 1, 2 or 3 of Section 7 of this application, to make payments as specified in the LCA Payment Plan Regulation (Section26); certify that this application was written and signed as of the date shown; realize that any misleading information, or failure to disclose required information, will not be considered good faith on my part and will prejudice my application for insurance; and my application may be rejected with no coverage provided; certify that, to the best of my knowledge and belief, all statements contained in this application are correct; 10. give permission to LCA administrator or the assigned insurer the approval to contact the appropriate agency or individual for verification of my income; have read, understood, and meet all the eligibility requirements listed on the first page of this application. Hour: Applicant's Signature SECTION 13. PRODUCER - YOUR SIGNATURE CERTIFIES THE FOLLOWING 你certify, under penalty of perjury, that I have personally asked the applicant every question on this application and accurately noted each of the applicant's responses. In addition, I certify that (1) a legible photocopy of the applicant's and all Operators' driver's licenses. (2) vehicle registration or proof of ownership, and (3) state or federal tax return from previous year or other reliable evidence from a governmental agency or means tested program of the applicants gross annual household income are attached. I certify that this application is submitted pursuant to the effective date provisions of the California Plan. In the event the policy is cancelled or a change is made resulting in a return premium to the insured. I agree to return the unearned commission portion of such premium. The information contained herein is accurate to the best of my knowledge. Hour: $\square$ AM Producer's Signature SECTION 14. EVIDENCE OF INSURANCE AND EFFECTIVE DATE OF COVERAGE

NOTE: In the event there is no U.S. postmark, coverage will become effective no earlier than 12:01 AM on the day following receipt in the Plan Office. A metered mail postmark, computer-generated electronic stamp or other postage service stamp shall not be considered a postmark of the United States Postal Service for the purposes of effecting coverage.

Requested Effective Date and Time:	ELECTRONIC EFFECTIVE DATE REFERENCE NUMBER REF No.
<u> </u>	
Example: 09/01/2006 11:30	(Only required if using EEDP in lieu-of EASI submission)

NINO EVENT SHALL COVERAGE BE EFFECTIVE PRIOR TO THE DATE AND HOUR OF COMPLETION OF THIS APPLICATION.

# SECTION 15. FAIR CREDIT REPORTING ACT NOTICE In addition to routine verification of information pertinent to the insurance applied for, if the application is by an individual for insurance primarily for personal or family purposes, the insurer to which it is assigned may have an investigative consumer report made including information bearing on character, general reputation, personal characteristics or mode of living and, upon the individual's written request, will disclose in writing the nature and scope of the investigation requested, if such report is procured. SECTION 16. FEES ARE ILLEGAL Section 11624.5 of the California Insurance Code provides: No insurance agent, broker or solicitor shall make any charge to the applicant, directly or indirectly, for furnishing any person the necessary application forms, technical assistance and services necessary to perfect an application through the Plan other than such commission as is paid by the insurer pursuant to the

the applicant, directly or indirectly, for furnishing any person the necessary application forms, technical assistance and services necessary to perfect an application through the Plan other than such commission as is paid by the insurer pursuant to the provisions of such Plan.

ANY PERSON WHO KNOWINGLY MAKES AN APPLICATION FOR MOTOR VEHICLE INSURANCE COVERAGE

ANY PERSON WHO KNOWINGLY MAKES AN APPLICATION FOR MOTOR VEHICLE INSURANCE COVERAGE GOVERAGE GOVERAGE GOVERAGE GOVERAGE GOVERAGE GOVERAGE GOVERAGE GOVERAGE AND IN THE GOVERAINING ANY STATE AND IN THE GOVERN ON THE APPLICATION WHEN, IN FACT, THE APPLICANT RESIDES OR IS DOMICILED IN ANOTHER STATE OR IN ANOTHER COUNTY OF THIS STATE, IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

MNY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

Producers shall submit their IRS Tax Identification Number or Social Security Number to enable insurers to prepare a Form 1099 for commission amounts paid to the producer. Should the producer fail to provide his or her Tax Identification Number or Social Security Number, the insurer may defer payment of commission until the proper identification number is provided.

Applicants are required to provide their Social Security Number to allow for verification of income. California Insurance Code Section 11629.73 establishes income eligibility requirements, which must be satisfied for the purchase of a low cost automobile insurance policy. California Insurance Code Section 11629.74 provides that, to demonstrate financial eligibility, an applicant shall present a copy of the applicant's federal or state income tax return for the previous year or other reliable evidence from a governmental agency or governmental mean-tested program of the applicant's gross annual household income. Applicants who ido not provide a Social Security Number may be found to be ineligible to purchase a Low Cost automobile insurance policy.

Following an assignment of an EASi reference number and prior to mailing the completed, signed application to the Plan, you are not permitted to alter or in any way change any information on the application. Please refer to the Retraction Procedures outlined in the Plan manual if you need to retract an application submitted through EASi.

是加速度: 基础是	ATTA	CHMENTS
	Copy of Driver's License for Applicant & All Operators	☐ Deposit Premium Payment
	Copy of Foreign Country Driver's License if only 18 months driving experience in US/Canada	☐ Income Verification Document(s) ☐ Copy of Declaration Page from any other owned vehicle(s)
	Copy of Vehicle Registration or Proof of Ownership	Copy of Declaration Fage from any other owned vehicle(s)
Marin Posts	RE	MARKS

Complaints about Insurance Companies, agents or brokers can be directed to the California Department of Insurance, Consumer Services Division at 800-927-HELP (4357).

## CALIFORNIA LOW COST AUTOMOBILE INSURANCE PROGRAM APPLICATION FOR INSURANCE

Language discrepancies arising from the translation of the English version of the instructions portion of this application shall be settled using the English language version.

#### IMPORTANT NOTICE

This policy is not effective until your application is electronically transmitted to the Plan by your agent or broker. The following conditions must also be met: (1) Both you and your agent or broker must sign and date a properly completed application. (2) Your agent or broker must mail your application to the Plan within two days of its completion. You may request that your agent or broker transmit the documents in your presence to ensure immediate coverage, provided the above requirements are met. If the above requirements are not met, your coverage will take effect the day after the Plan office receives your application. You may request that your agent or broker notify you when coverage is effective.

#### APPLICANT MUST MEET THE FOLLOWING ELIGIBILITY REQUIREMENTS

Please check each box to indicate you meet	all of the eligibility requirement	nts: IF YOU SUBMIT TH	IS APPLICATION AND
NOU DO NOT MEET THESE REQUIREMEN	NTS YOUR APPLICATION W	ILL BE REJECTED AND	THERE WILL BE NO
ÇOVERAGE PROVIDED.		,	

- ☐. Applicant resides in the California county as shown on this application.
- ☐.. Household annual income before taxes, cannot exceed 250% of the federal poverty level.
- Must be at least 19 years old and have been continuously licensed in the US or Canada for the previous 3 years or 18 months if previous driving experience in a foreign country.
- No more than one moving violation or property damage only accident in which the driver was at fault in past 3 years.
- ⑤ sNo at fault accident with Bl or death in the past 3 years.

No felony or misdemeanor convictions in violation of Vehicle Code on DMV record.

is not a college student claimed as a dependent of another person for tax purposes.

Has no other automobile liability insurance coverage over and above this policy.

- 1. Value of vehicle cannot be more than \$20,000.00.
- 🗒 Cannot have more than 2 low cost policies per person insured through the CA Low Cost Auto Insurance Program.
- Cannot have other liability insurance coverage in the household. However, you may purchase Physical Damage Coverage elsewhere. You may also purchase optional Uninsured Motorist Bodily Injury and Medical Payment coverages through the Program.

40.	•						
SECTION 1. PRODUCER OF R	RECORD						
強命oducer Last Name/Agency Name			Producer	First Name			MI
⊕BA Name ⊶©(	· .						
Malling Address		Ste./Apt. No.	City	-	Si	ate	Zip Code
"Tax ID or Social Security No. 減	Producer License No.	Telephone N	o		Fax No.		
SECTION 2. SIGNING PRODU	CER Complete if prod	ducer completing/sign	ing this ap	plication dif	fers from Pro	ducer of F	Record.
Last Name	. F	irst Name		MI	Producer L	cense No	•
in the state of th					<u> </u>	·	
SECTION 3. APPLICANT NAM	E						
Last Name	First Name		MI	Home Te	lephone No.	Busine	ess Telephone No.
Street Address		Ste./Apt. No.	City	1		State	Zip Code
Mailing Address (if different from Str	reet Address)	Ste./Apt. No.	City	·		State	Zip Code

CAARP/California Low Cost Automobile Insurance Program
PO Box 7917
San Francisco, CA 94120-7917



Mail completed application, with check/money order and required attachments.

SECTION 4. HOUSEHOLD INFORMATION												
หน้าใช้บระทold" mear iblood, marriage, r liney constitute dif	egistered domesti	ic partnership	o, adoption,	or guard	iianship	. If m	ore than	one family	is living ir	ment) an i the san	d who are ne housel	e related by nold unit,
How many individuals live in your household? →							Include	all family m	nembers (	even if th	ey do no	t drive.
(List all operators a			. For additio	nal ope	rators/re	esiden	its, indica	ate in REMA	RKS Se	ction.		
'Applicant's former a	ddresses (past 3 ye	ars)		<del></del>		.,					4	· · · · · · · · · · · · · · · · · · ·
Street Address			•			City	y 				State	Zip Code
Name	Occupation	Annual Income	Birth Dat MM/DD/YY	1 -		RS	MS	Driver License I		ST.	lf "No", g Lice	3 Years? give date nsed
##APPLICANT					200 484	487 JA					Yes □1	
<b>k</b> ike											Yes 🗆 l	No
											Yes □ I	No
											Yes □	No .
\$100g.											Yes □ I	Vo
A. M.						······					Yes □	No
CODES RS =	W-Wife, H-Husband GC-Grandchild, A-A S-Single, M-Married	Aunt, U-Uncle,	C-Cousin, P-i								e in Rema	rks)
Ägolicant's Occupati	on	•			Natu	re of B	usiness		Employ	er's Name	<b>3</b>	
Employer's Street A	ddress		•		City				•	State	e Zip	Code
SECTION 5. VEHI	CLE				_i	•						
Wear.	Make				Mode	el		•				
Vehicle Identification	No.	, •			Registe	red Ov	wner's La	st Name		First N	ame	
Pürchased Mo./Yr.		□ New	□ Us	sed		.•	Current	Value of Veh	icle			
Principal Address of	Garaging		Applicant ac	ddress as	s it appe	ars on	registratio	n, if different	from Sec	3	State Rec	gistered in
During the three yea	rs prior to the effect	tive date of this	s policy:	•								
///Have you been inv	•										□, YES	
2. Have you been inv	olved in any accide	nt in which you	u were princip	ally at fa	ult that r	esulted	i in only p	roperty dama	ge?		☐ YES	□ NO
ு. Have you been inv											☐ YES	□ NO
SECTION 6. COV	ERAGES			and the second	1277 5 - 44		este de la companya d					
to Constitution				NSTRI					(10) (10) (10) (10) (10) (10) (10) (10)	ho Cour	ty of Pos	idonac *
2. Check Bo	Applicant's County exes for Requeste	d Coverage	Ю		4			remium Am otal Policy I	remium	Amount		•
COUNTY OF F	RESIDENCE ->								INDICAT	E PREM	MA MUIN	оинт 🕹
Bodily Injury Liability \$10,000 Each Person / \$20,000 Each Accident    X   Requi				uired (	Coverage							
Required Coverage  \$3,000 Each Accident												
Medical Payments					Optio	onal C	overage		<del></del>			
Uninsured Motoris \$10,000 E	t Coverage – Bod Each Person / \$20	ily Injury ),000 Each A	ccident		Optio	onal C	overage					
Youthful Unmarrie	d Male (19-24 yrs)	) - 25% Surc	harge		Ched	k if A	pplicable					
ECurrent Rates as of date shown at bottom of application. TOTAL POLICY PREMIUM					·							

SECTION 7. PAYMENT PLANS	GROSS DEPOSIT PREMIUMS N	UST BE SUBMITTED	WITH APPLICA	TION			
Deposit premium Deposit premium (\$125 or 25%, whichever is greater, balance due in 30 days) Deposit premium (\$125 or 25%, whichever is greater, balance due in 30 days) Deposit premium (\$125 or 25%, whichever is greater, plus 5 bi-monthly payments — Installment charge. Deposit of \$125 or 25% whichever is greater, plus 5 bi-monthly payments No interest, \$4.00 per Installment charge.  Deposit Amour Submitted Submitted  \$\$\$\$\$							
SECTION 7.A DEPOSIT PAYME	NT Indicate Total Deposit A	mount Received fro	m Applicant:	\$			
Payment Submitted:   Produce	r/Agency Trust Account Check	Applicant Check	Money Order	Check/M.O.No.			
肝roducer Check, did Applicant p 证字Cash  □ Personal Check	☐ Money Order ☐ Credit/De	oit Card	ot Provided to A				
SECTION 8. FINANCIAL RESPO		other eligible operator is re r requirements of this polic	/.)	ence of financial responsibility but			
Name			Cas	e/File No.			
Relationship to Applicant	Resides with Applicant ☐ Yes. ☐ No	State where Filing require	d Rea	son for Filing			
77	Cost Auto Policy is issued for ov	vners coverage, per C	alifornia Ins. C	ode Article 5.5 §11629.8.			
SECTION 9. INSURANCE RECO	RD	Policy No.	· · · · · · · · · · · · · · · · · · ·	rmination date			
		Folicy 146.		mination date			
Give Reason Terminated			•				
is there a policy currently in effect for the	he vehicle being insured on this application	on? 🗆 Yes 🗆 N	lo ·				
Are any other vehicles owned by any n □ Yes □ No	nember of household?	If "Yes", give name of inst	rer and attach co	by of declaration page.			
	ACTS OF UNINSURED MOTORIST:						
DELETION OF COVERAGE: The California Insurance Code requires an insurer to provide uninsured motorists coverage in each bodily injury liability insurance policy it issues covering liability arising out of the ownership, maintenance, or use of a motor vehicle. Those provisions also permit the insurer and the applicant to delete the coverage completely or to delete the coverage when a motor vehicle is operated by a natural person or persons designated by name. Uninsured motorists coverage insures the insured, his or her heirs or legal representatives for all sums within the limits established by law, which such person of persons are legally entitled to recover as damages for bodily injury, including any resulting sickness, disease, or death, to the histored from the owner or operator of an uninsured motor vehicle not owned or operated by the insured or a resident of the same household. An uninsured motor vehicle includes an underinsured motor vehicle as defined in subsection (p) of Section 14580.2 of the Insurance Code.  Not withstanding the coverage amounts required by Section 11580.2 and Section 16056 of the California Vehicle Code, uninsured motorist bodily injury coverage written in conjunction with a Low Cost Auto Policy with coverage limits at legal to the limits of liability in the underlying Low Cost Auto Policy, shall satisfy the requirements of Section 11580.2 of the California Insurance Code and the financial responsibility requirements of Sections 4000.37, 16021, and 16431 of the California Vehicle Code.							
	INSURED MOTORIST COVERAGE						
uminsured motorist coverage tro	• • •			•			
X (ii): Applicant's Signa	Date: ature	Hot	ır:	□ A.M. □ P.M.			
The rejection of insurance indicated in the rejection of insurance indicated in the rejection of such lapse thereof.	icated by the above agreement while such policy is in force, and it policy by the named insured, or was SIGN THIS AGREEMENT UNLE	shall be binding upo shall continue to be s vith respect to reinstat	n every insure o binding with r ement of such	ed to whom such policy or respect to any continuation, policy within 30 days of any			
HAS.		,					

(DO NOT SIGN WITHOUT READING)							
hereby certify under penalty of perjury that I:	,	,					
have been informed of my right to choose the LCA Payment Plan options as shown in Section 7 of this application.  agree to pay all premiums when due and designate the individual shown above as agent/broker of record for this insurance;							
understand that if I owe money for a prior Lo	• • • •	* * * *					
the California Insurance Commissioner, the r	•						
applied to that prior policy, and I am not entite coverage for this new policy is terminated, un	•	•					
policies;	, pay and ,an amount on a ,	,, <u>, , , , , , , , , , , , , , , , , ,</u>					
4. understand the agent/broker is not acting as an							
5. agree that no coverage will be effective if my pre		· · · · · · · · · · · · · · · · · · ·					
6. will remit a check, money order, or a bank draft of balance of the full premium for the policy, within							
Section 7 of this application, to make payments a	•	•					
certify that this application was written and signe							
realize that any misleading information, or fallure my part and will prejudice my application for insu	•	· · · · · · · · · · · · · · · · · · ·					
governity that, to the best of my knowledge and beli							
10. give permission to LCA administrator or the a		· ·					
individual for verification of my income;							
have read, understood, and meet all the eligibility	requirements listed on the first pa	age of this application.					
Date:	e: Hour	:□ AM □ PM					
Applicant's Signature							
SECTION 13. PRODUCER - YOUR SIGNATURE CERTIFIE							
certify, under penalty of perjury, that I have personally loted each of the applicant's responses. In addition, I perators' driver's licenses. (2) vehicle registration revious year or other reliable evidence from a government of the content of the certain provisions of the California Plan. In the event the policy is used. I agree to return the unearned commission por he best of my knowledge.	certify that (1) a legible photoco or proof of ownership, and (3) ernmental agency or means test ify that this application is submitted is cancelled or a change is made	state or federal tax return from sed program of the applicants d pursuant to the effective date resulting in a return premium to the					
Date;	Hour:	□ AM □ PM					
Producer's Signature							
ECTION 14. EVIDENCE OF INSURANCE AND EFFECTIVE OF THE CONTROL OF THE POST OF T		notive no carlier than 12:01 A M on the day					
District the event there is no o.s. postmark of it the postmark, considered a postmark of the United States Postal Service for	omputer-generated electronic stamp,	or other postage service stamp shall not be					
Requested Effective Date and Time:	If the application is NOT submitte	d via EASi, the effective date of					
	coverage will be 12:01 A.M. on th	e day following receipt in the Plan					
Example: 09/01/2006 11:30	Office, unless a future date is req	uested.					
NNO EVENT SHALL COVERAGE BE EFFECTIVE PRIOR	TO THE DATE AND HOUR OF COM	PLETION OF THIS APPLICATION.					

ر د ۱	<b>్ల</b> క	
	ہ لا	سهر

#### **SECTION 15. FAIR CREDIT REPORTING ACT NOTICE**

The addition to routine verification of information pertinent to the insurance applied for, if the application is by an individual for insurance primarily for personal or family purposes, the insurer to which it is assigned may have an investigative consumer teport made including information bearing on character, general reputation, personal characteristics or mode of living and, upon the investigation request, will disclose in writing the nature and scope of the investigation requested, if such report is procured.

#### SECTION 16. FEES ARE ILLEGAL

Section 11624.5 of the California Insurance Code provides: No insurance agent, broker or solicitor shall make any charge to the applicant, directly or indirectly, for furnishing any person the necessary application forms, technical assistance and services necessary to perfect an application through the Plan other than such commission as is paid by the insurer pursuant to the provisions of such Plan.

ANY PERSON WHO KNOWINGLY MAKES AN APPLICATION FOR MOTOR VEHICLE INSURANCE COVERAGE CONTAINING ANY STATEMENT THAT THE APPLICANT RESIDES OR IS DOMICILED IN THIS STATE AND IN THE COUNTY SHOWN ON THE APPLICATION WHEN, IN FACT, THE APPLICANT RESIDES OR IS DOMICILED IN ANOTHER STATE OR IN ANOTHER COUNTY OF THIS STATE, IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

Producers shall submit their IRS Tax Identification Number or Social Security Number to enable insurers to prepare a Form 1099 for commission amounts paid to the producer. Should the producer fail to provide his or her Tax Identification Number or Social Security Number, the insurer may defer payment of commission until the proper identification number is provided.

Applicants are required to provide their Social Security Number to allow for verification of income. California Insurance Code Section 11629.73 establishes income eligibility requirements, which must be satisfied for the purchase of a low cost automobile insurance policy. California Insurance Code Section 11629.74 provides that, to demonstrate financial eligibility, an applicant spallipresent a copy of the applicant's federal or state income tax return for the previous year or other reliable evidence from a governmental agency or governmental mean-tested program of the applicant's gross annual household income. Applicants who do not provide a Social Security Number may be found to be ineligible to purchase a Low Cost automobile insurance policy.

#### NOTICE TO APPLICANT AND PRODUCER

When a Low Cost Auto Insurance Policy is cancelled, the premium refund maybe determined based on the pro rata unearned bremium for the period of coverage, subject to a minimum premium of \$15 per vehicle or policy, whichever is greater.

NOTE:

Till.

Following an assignment of an EASi reference number and prior to mailing the completed, signed application to the Plan, you are not permitted to alter or in any way change any information on the application. Please refer to the Retraction Procedures outlined in the Plan manual if you need to retract an application submitted through EASi.

TOE	Retraction Procedures outlined in the Plan manual if you need to retract an application submitted through EASi.							
物性	ATTACH	MENTS						
	Copy of Driver's License for Applicant & All Operators		Deposit Premium Payment					
	Copy of Foreign Country Driver's License if only 18 months driving experience in US/Canada		Income Verification Document(s)					
100 100	Copy of Vehicle Registration or Proof of Ownership	. 🗆	Copy of Declaration Page from any other owned vehicle(s)					
RAD.	REMA	RKS						

Complaints about Insurance Companies, agents or brokers can be directed to the California Department of Insurance, Consumer Services Division at 800-927-HELP (4357).

# HOW TO SUBMIT AN APPLICATION TO THE CALIFORNIA LOW COST AUTOMOBILE PROGRAM

#### HOW, WHEN, AND WHERE

The third paragraph is amended as follows:

Application to the Low Cost Program may be made by the following methods:

The Electronic Application Submission Interface (EASi)

To expedite the application submission process, EASi is recommended. The system offers on line completion of the application form, provides immediate binding of coverage, and electronically transmits the application to the Plan Office. When the electronic payment option is chosen, the deposit payment may be made by electronic funds transfer, debit card, or credit card.

EASi Expedited Application with Electronic Payment Option: The completed original EASi application generated from the system bearing the signatures of the applicant and producer and any supporting documentation are faxed to the Plan Office. Assignment notices will be available electronically for the producer to print, as well as being mailed out to the producer and the insured.

All Other EASi Applications): The producer must mail or deliver the completed original EASi application generated from the system bearing the signatures of the applicant and producer, the deposit check or money order, and any

supporting documentation to the Plan Office in accordance with Plan rules.

For further details refer to Section 28.

 Alternate Application Submission Procedures

The following additional application submission methods are available for producers who choose not to use EASi or do not have access to EASi. They are also available for producers using EASi in the event EASi is not available for any reason.

 United States Postal Service Mail or Delivery by Means Other Than the United States Postal Service

Using either of these methods, the original paper application bearing the signatures of the applicant and producer accompanied by the required supporting documentation and the deposit check or money order must be submitted to the Plan. Coverage is effective as of 12:01 A.M. on the date following receipt of the application in the Plan Office unless a future effective date of coverage is requested.

For further details refer to Appendix Section 61.

(The **fourth** paragraph and remainder of the Introduction are unchanged.)

#### **DEFINITIONS**

The following **definition** is amended:

"Electronic Payment" means the optional method methods for submission of the deposit payment by electronic fund transfer, debit card, or credit card available with the EASi application process.

#### LOW COST AUTOMOBILE PART

#### Sec. 26. PREMIUM PAYMENT OPTIONS

The applicant or producer shall submit a separate check or money order payable to the Plan with each application. When the application is transmitted using EASi, an electronic payment option is available in accordance with Plan approved procedures. Electronic payment options available include electronic funds transfer, debit cards, and credit cards. Payments for renewal insurance policies shall be submitted directly to the assigned insurer. The initial payment shall be in the form of an applicant's check, producer's trust account check, certified check, bank check, or money order or by electronic payment in accordance with Plan approved procedures. The full annual premium payment option, the advance premium payment option, and the installment premium payment options shall be available to applicants.

(Paragraphs A through C are unchanged).

Paragraph D is provided for information only.

D. Deposit, Installment, or Additional Premium Payments Applicable to A, B, or C Above

The deposit accompanying the application shall be by applicant's check, producer's trust account check, certified check, bank check, or money order payable to the California Automobile Assigned Risk Plan. If the application is transmitted using EASi, an electronic payment option is available in accordance with Plan approved procedures. All deposits, installment payments, and additional premium payments must be submitted on a gross basis. No commission shall be withheld by the producer. Producer commission shall be paid in accordance with Section 34.

The Plan shall immediately return the deposit if the risk is not assigned. The insurer shall credit the deposit against the gross premium if the risk is assigned. The insurer shall refund any portion of the deposit only as provided in Section 26.E.

Installments and additional premium payments shall be by applicant's check, producer's trust account check, certified check, bank check or money order payable to the assigned insurer.

(The remainder of paragraph **D** is unchanged)

Paragraph E is amended as follows:

#### E. Dishonored Checks and Electronic Payments

If any check is dishonored or if an electronic payment is dishonored or returned by the bank, the <u>Plan or</u> insurer may impose a dishonored check or electronic payment fee of up to \$10, and the Plan or insurer may require all further payments from that maker <u>or debit or credit card holder</u> to be in the form of a certified check, bank check, or money order, for a period of 12 months from the date the check or electronic payment was dishonored.

Insurers shall notify the Plan of producers who submit dishonored checks or electronic payments that are dishonored or returned by the bank. The Plan may require those producers to submit a certified check or money order with future applications.

(Paragraph F is unchanged.)

# Sec. 28. APPLICATION FOR ASSIGNMENT, DESIGNATION OF INSURER, EVIDENCE OF INSURANCE, AND EFFECTIVE DATE OF COVERAGE

(Paragraphs A and B are unchanged.)

Paragraph C.2.d is amended as follows:

#### C. Effective Date of Coverage

For the purposes of Section 28, the postmark which is to be recognized by the Plan shall be the postmark of the United States Postal Service. A metered mail postmark, computergenerated electronic stamp, or other postage service or stamp shall not be considered a postmark of the United States Postal Service for the purposes of effecting coverage.

The Plan shall provide for effective dates of coverage consistent with all of the following:

- 1. In no event shall coverage be effective prior to the date and time of completion, signing, and dating of the application forms.
- Electronic Application Submission Interface (EASi)
  - To expedite the application process, producers who are certified by CAARP may use EASi to establish the effective

date of coverage if the applicant requires that the coverage applied for become effective at the time of application. Coverage will be effective only when the electronic application is transmitted under the procedures established by the Plan.

The Plan shall establish and maintain a toll free number for producer technical support as part of EASi. The Plan shall maintain sufficient capacity to provide system access and transmittal, in a timely manner, of completed on line applications by means of EASi.

EASi shall be available only to producers who are certified by the Plan.

The producer may not transmit the application using EASi until the application for coverage has been completed and the deposit has been received.

#### b. Immediate Coverage

Coverage shall be effective at the date and time of transmission of the electronic application provided all of the following requirements are met for the EASi option chosen:

- (1) Electronic Payment Option
  - (a) The producer and applicant certify, under penalty of perjury, on the paper application form generated by EASi, the date and time that the application was transmitted.
  - (b) The producer uses EASi set forth in Section 28.C.2.
  - (c) The completed application form generated by EASi and premium deposit are electronically transmitted to the Plan Office in accordance with procedures approved by the Plan.
  - (d) A copy of the completed original signed application generated by EASi and required documentation are faxed to the Plan Office no later than one working day following the date the application and deposit are electronically transmitted to the Plan. If the ÉASi application and required documentation are not faxed to the Plan Office in accordance with this subsection, coverage shall be effective at 12:01A.M. on the day following receipt of the faxed EASi

application and documentation by the Plan Office. The date of receipt of the fax in the Plan Office shall be established by the date and time signature of the Plan facsimile on the EASi application and documentation submitted.

- (2) Regular Check or Money Order Submission Option
  - (a) The producer and applicant certify on the application generated by EASi, under penalty of perjury the date and time the application was transmitted.
  - (b) The producer uses EASi set forth in Section 28.C.2.
  - (c) The paper application form generated by EASi, required documentation, and required deposit check or money order are mailed to the Plan Office no later than two working days following the date application is transmitted to the Plan. The mailing date is established by the United States Postal Service postmark on the enclosing envelope If the paper application. application, required documentation, and deposit check or money order are not mailed to the Plan Office in accordance with this subsection. coverage shall be effective at 12:01 A.M. on the day following receipt of the paper application and deposit by the Plan Office.

#### c. Future Effective Date of Coverage

In the event a future effective date of coverage is requested by the producer of record, coverage shall become effective as of 12:01 A.M. on the future date, provided all of the following requirements are met for the EASi method chosen:

- (1) Electronic Payment Option
  - (a) The requested effective date of coverage shall not exceed 45 days from the date of completion of the application.
  - (b) The producer and applicant certify on the application form generated by EASi, under penalty of perjury, the date and time the application was transmitted.

- (c) The producer uses EASi set forth in Section 28.C.2.
- (d) The completed application form generated by EASi and premium deposit payment are electronically transmitted to the Plan Office in accordance with procedures approved by the Plan.
- (e) A copy of the completed original sianed application generated by EASi and required documentation are faxed to the Plan Office no later than one working day following the date the application and deposit are transmitted to the Plan. If the EASi application and required documentation are not faxed to the Plan Office in accordance with this subsection, coverage shall be effective at the future effective date or at 12:01A.M. on the day following receipt of the faxed EASi application and documentation by the Plan Office. The date of receipt of the fax in the Plan Office shall be established by the date and time signature of the Plan facsimile on the EASi application and documentation submitted.
- (2) Regular Check or Money Order Submission Option
  - (a) The requested effective date of coverage shall not exceed 45 days from the date of completion of the application.
  - (b) The producer and applicant certify on the application form generated by EASi, under penalty of perjury, the date and time application was transmitted.
  - (c) The producer uses EASi set forth in Section 28.C.2.
  - (d) The paper application form generated by EASi, required documentation, and required deposit check or money order are mailed to the Plan Office no later than two working days following the date the application forms are transmitted to the Plan. The mailing date is established by the United States Postal Service postmark on the envelope enclosing the application. If the application, reauired ~

documentation, and deposit check or money order are not mailed to the Plan Office in accordance with this subsection, coverage shall be effective at the future effective date or at 12:01 A.M. on the day following receipt of the application and deposit by the Plan Office, whichever is later.

#### d. Retraction Procedure

Following issuance of an EASi reference number and prior to the mailing or faxing of a completed signed application to the Plan, the producer shall be authorized to rescind coverage bound pursuant to EASi if

- (1) the producer discovers a material error in an application;
- (2) the applicant has notified the producer of record that coverage through the Low Cost Program is no longer required; or
- (3) the producer of record has, in error, requested more than one EASi reference number for the same application.

The producer of record shall retract or void an EASi reference number by accessing EASi and using the on-line EASi electronic retraction process or by completing an <u>a paper</u> EASi Effective Date Retraction Request Form within 24 hours of the date and time of transmittal of the electronic application to the Plan Office. When the on-line EASi electronic retraction process is used, the producer is not required to submit a voided paper application to the Plan Office. The A producer completing the paper form must forward the completed EASi Effective Date Retraction Form to the Plan within the next four days. Failure to mail the retraction form in accordance with this subsection will result in assessment of a violation against the producer if the producer has failed to return such forms at least three times in six months consistent with CAARP Manual Section 20.A.5.

If an EASi reference number must be retracted or voided for an application transmitted with using the electronic payment option, the deposit will be returned to either the producer's account or the insured's account the producer or the applicant based on the originator of the payment and the method of electronic payment used. The deposit shall be returned within five

working days following the date of transmittal of the EASi on-line retraction request or receipt of the completed paper EASi Effective Date Retraction Request form by the Plan Office, as evidenced by the postmark on the transmittal envelope.

(Paragraphs **C.3** through **C.9** are unchanged)
Paragraph **D** is provided for information only.

#### D. Plan Submission to the Designated Insurer

The Plan shall forward to the assigned insurer the application, a copy of the notice of the effective date of coverage, and the deposit (electronic payment or check or money order) same to be credited by the insurer against the policy premium.

Upon receipt of the application and deposit from the Plan and prior to issuance of a policy, the insurer shall review the application and documentation to confirm that the risk is eligible in accordance with Plan rules. If the applicant is found ineligible for coverage within 20 calendar days following the Plan assignment date shown on the notice of effective date of coverage, the application and deposit shall be returned to the producer. Written notice to that effect shall be sent to the applicant and the producer. Coverage is void from inception.

(Paragraphs E through G are unchanged.)

# CALIFORNIA LOW COST AUTOMOBILE INSURANCE PROGRAM EXHIBIT A (Struck-out matter—deleted; Underlined matter—new) Page 1 of 1

#### **EXHIBIT C**

#### **INCOME ELIGIBILITY GUIDELINES**

The following are the 2014 2012 federal poverty levels as contained in the Federal Poverty Guidelines for the 48 contiguous states and the District of Columbia as shown in the Annual Update of the Health and Human Services Poverty Guidelines published in the Federal Register by the Department of Health and Human Services. For your convenience in determining eligibility for the California Low Cost Automobile Insurance Program, an additional column for 250% of the poverty income level is provided.

Size of Family	Poverty Level	250% of Poverty Level
1	<del>\$10,890</del> <u>\$11,170</u>	<del>\$27,225</del> <u>\$ 27,925</u>
2	<del>14,710</del> <u>15,130</u>	<del>36,775</del> <u>37,825</u>
3	- <del>18,530</del> <u>19,090</u>	<del>-46,325</del> <u>47,725</u>
4	<del>22,350</del> <u>23,050</u>	<del>-55,875</del> <u>57,625</u>
5	<del>-26,170</del> <u>27,010</u>	<del>65,425</del> <u>67,525</u>
6	<del>29,990</del> - <u>30,970</u>	<del>74,975</del> <u>77,425</u>
7	<del>-33,810</del> <u>34,930</u>	<del>-84,525</del> <u>87,325</u>
8	<del>37,630</del> <u>38,890</u>	<del>-94,075</del> <u>97,225</u>

For families with more than eight members, add \$3,820 \$3,960 for each additional member to the figure shown in the Poverty Level column. Multiply the result by 250%.

**Note:** The chart above will be updated when the Annual Update of the Health and Human Services Poverty Guidelines is published in the Federal Register by the Department of Health and Human Services.

#### Sec. 25 EXTENT OF COVERAGE

Paragraph B is amended as follows:

#### **B. Standard Policy Coverage**

Risk eligible for assignment in accordance with Section 22 shall be afforded coverage on a Low Cost Auto Insurance Policy in accordance with the following policy form and endorsement approved by the California Department of Insurance.

<u>California Low Cost Automobile Uninsured Motorist Bodily Injury Coverage</u>
 <u>Endorsement (PPA 40 09.2) (Rev.1/13)</u>

.

#### PPA 40 09.2

#### CALIFORNIA LOW COST AUTOMOBILE UNINSURED MOTORISTS BODILY INJURY COVERAGE ENDORSEMENT

This endorsement is part of your Policy. Except for the changes this endorsement makes, all other terms of your Policy remain the same and apply to this endorsement.

Named Insured(s)		
Policy Number	·	
Effective Date		
	12:01 A.M. Standard Tim SCHEDULE	ne
Limits-Uninsured Motorists Bodily Injury Coverage		Premium
\$ 10, 000 Each Person		ō
\$ 20.	000 Each Accident	J D

It is agreed that this Policy is changed as follows:

- I. The following definitions are added to Section II. DEFINITIONS:
  - A. *Uninsured Motor Vehicle* means a land motor vehicle that is
    - 1. not insured or bonded for *bodily injury* liability at the time of the accident; or
    - 2. insured or bonded for bodily injury liability at the time of the accident, but the insuring or bonding company
      - a. denies coverage, or
      - b. is or becomes insolvent within one year of the accident; or
      - c. admits coverage conditionally or with reservation, or
    - 3. an underinsured motor vehicle; or
    - a hit-and-run land motor vehicle whose owner or driver cannot be identified and that strikes you, a household member, or the vehicle an insured is occupying.

An *uninsured motor vehicle* does not include a land motor vehicle

- a. owned by or *leased* to *you* except for a vehicle insured for this coverage on a primary basis under this Policy when that vehicle is being operated, or is caused to be operated, without *your* consent in connection with any criminal activity that is documented in a police report and to which *you* are not a party.
- b. owned by or leased to any household member except for a vehicle insured for this coverage on a primary basis under this Policy when that vehicle is being operated, or is caused to be operated, without that household member's

- consent in connection with any criminal activity that is documented in a police report and to which that *household member* is not a party.
- c. furnished or available for the regular use of you or any household member
- d. owned or operated by a self-insurer under any motor vehicle law, except a self-insurer that is or becomes insolvent;
- e. owned the United States of America,
  Canada, a state or political subdivision
  of any of those governments or an
  agency of any of the foregoing;
- f. designed or modified for use mainly off public roads except while on public roads:
- g. while located for use as a residence or premises.
- B. Underinsured Motor Vehicle means a land motor vehicle that is insured or bonded for bodily injury liability at the time of the accident, but the limits of liability are less than the limits of liability of this coverage.
- **II.** The following coverage is added:

### UNINSURED MOTORISTS BODILY INJURY COVERAGE

- 1. This Policy provides Uninsured Motorists
  Bodily Injury Coverage only if a premium
  for Uninsured Motorists Bodily Injury
  Coverage appears on the Schedule or the
  Policy Declarations.
- 2. Who Is An Insured

The following are insureds:

- a. You
- b. Any household members

PPA 40 09.2

Thi.

Palic:

an:

(Words and phrases printed in boldfaced italics are defined terms.)

Page 1 of 4

- c. Any other person while occupying your insured auto, a replacement auto, or a temporary substitute auto
- d. Any person entitled to recover damages because of *bodily injury* to which this coverage applies sustained by an insured under paragraphs 2. a through 2. c above

However, an insured does not include any person described in 2.a through 2.d above who sustains bodily injury while your insured auto, a replacement auto, or a temporary substitute auto is being used as a public or livery conveyance. This does not apply to shared-expense car pools.

#### 3. Coverage

a. We will pay, subject to the limits of liability, compensatory damages that an insured is legally entitled to collect from the owner or operator of an uninsured motor vehicle because of bodily injury sustained by an insured as a result of an accident.

The bodily injury must arise out of the ownership, maintenance, or use of an uninsured motor vehicle.

- b. If the *bodily injury* is caused by an *underinsured motor vehicle*, we will pay only after the limits of any bonds or policies providing *bodily injury* liability coverage have been exhausted by payment of judgments or settlements.
- c. We are not bound by any judgment against any person or organization resulting from any suit brought without our written consent.

#### 4. Exclusions—What Is Not Covered

There is no Uninsured Motorists Bodily Injury Coverage for the following:

- a. Any insured while occupying any land motor vehicle not insured under this coverage that is owned by or leased to that insured
- b. Any insured when struck by any land motor vehicle that is owned by or *leased* to that insured

This exclusion (4. b) does not apply if all of the following conditions are met:

- The land motor vehicle is being operated, or is caused to be operated, by a person without that insured's consent in connection with a criminal activity.
- (2) That insured is not a party to that criminal activity.

- (3) The criminal activity is documented in a police report.
- c. Any household member while occupying or when struck by any land motor vehicle that is owned by or leased to you and insured for this coverage on a primary basis under another policy
- d. Any insured if that insured, or the legal representative, settles the *bodily injury* claim without *our* written consent

This exclusion (4. d) does not apply when the settlement is made with the insurer of an *underinsured motor vehicle*.

- e. To the extent it benefits any insurer or self-insurer under any workers' compensation, disability benefits, or similar law
- f. To the extent it benefits any governmental body or agency;
- g. Any insured while using a land motor vehicle without reasonable belief that he or she has a right to do so
- h. Punitive or exemplary damages
- i. Any insured while occupying a land motor vehicle rented or leased by that insured when it is being used as a public or livery conveyance

#### 5. Limits of Liability

- a. The maximum amount of Uninsured Motorists Bodily Injury Coverage is shown on the Schedule or Policy Declarations under Limits—Uninsured Motorists Bodily Injury Coverage, Each Person, Each Accident.
  - (1) Each Person—This is the maximum amount of coverage for all damages due to bodily injury to one person in any one auto accident. This maximum amount includes all injury and damages to others resulting from that bodily injury including, but not limited to, damages for care, loss of services, or death.
  - (2) Each Accident—This is the maximum amount of coverage, subject to the amount shown for Each Person, for all damages due to bodily injury to two or more persons in the same accident.
- b. If the damages are caused by an underinsured motor vehicle, the limits of liability will be reduced by the following:

- (1) All amounts paid by or on behalf of the owner or operator of the underinsured motor vehicle
- (2) All amounts payable under the bodily injury liability coverage provided by this Policy
- c. The limits shown on the Schedule or Policy Declarations for Uninsured Motorists Bodily Injury Coverage may not be added to the limits for similar coverage applying to other vehicles to determine the limit of insurance coverage available. This applies regardless of the number of
  - (1) vehicles involved;
  - (2) insureds;
  - (3) claims made;
  - (4) vehicles or premiums shown on the Schedule or the Policy Declarations; or
  - (5) premiums paid.

This means that no stacking or aggregation of Uninsured Motorists Bodily Injury Coverage will be allowed by this endorsement.

- d. No person will recover duplicate payments from us for the following:
  - (1) The same elements of loss under this Policy
  - (2) Any amount paid or payable to or for the benefit of the insured by or for any person or organization who is or may be held legally liable for the *bodily injury* to the insured
  - (3) Any element of loss for which that person is entitled to receive payment under any workers' compensation law exclusive of non-occupational disability benefits

#### 6. Other Coverage

- a. If two or more insurance policies issued by us to you apply to the same accident, the total limits of liability under all such policies will not exceed that of the policy with the highest limits of liability.
- b. If other similar coverage is available to an insured, the total limits of liability available from all policies provided by all insurers, either on an excess or primary basis, will not exceed the highest limit available for any one vehicle.

- c. Subject to 6.b above, any Uninsured Motorists Bodily Injury Coverage applicable under this endorsement will apply on an excess basis if an insured sustains bodily injury while occupying a vehicle not owned by or leased to that insured.
- d. Subject to 6.b and 6.c above, if this endorsement and one or more other policies provide coverage
  - (1) on a primary basis, we are liable only for our share. Our share is that percent of the damages payable on a primary basis that the limits of liability of this endorsement bears to the total of all applicable uninsured motorists bodily injury coverage provided on a primary basis.
  - (2) on an excess basis, we are liable only for our share. Our share is that percent of the damages payable on an excess basis that the limits of liability of this endorsement bears to the total of all applicable uninsured motorists bodily injury coverage provided on an excess basis.

#### 7. Arbitration

- a. If we and the insured do not agree whether that insured is legally entitled to recover damages or on the amount of damages to which that insured is entitled, the disagreement will be settled by arbitration. Disagreements concerning coverage may not be arbitrated.
- b. Either party may make a written demand for arbitration. The arbitration will be conducted by a single impartial arbitrator.
- c. Each party will pay any expenses that party incurs. The cost of the arbitrator will be shared equally by both parties.
- d. The decision of the arbitrator as to the insured's right to recover damages or the amount of such damages will be binding.

#### III. Additional Duties under Uninsured Motorists Bodily Injury Coverage

The following duties apply in addition to those set forth in Section IV. Duties After An Accident:

- 1. An insured seeking coverage must do the following:
  - Authorize us to obtain medical reports and records.

#### PPA 40 09.2

- b. Submit to examination by physicians chosen and paid by *us* as often as *we* reasonably may require.
- Submit a proof of loss when required by us.
- d. Send us copies of all legal papers if a suit is brought.
- e. Promptly report a hit-and-run accident to the police.
- 2. An insured seeking coverage for bodily injury involving an underinsured motor vehicle must provide us with the following:
  - a. A copy of the complaint, by personal service or certified mail, if that insured brings action against the owner or operator of the underinsured motor vehicle
  - b. All pleadings and depositions for copying, or furnish us copies of the documents at our expense
    - These documents must be provided to **us** within a reasonable time period.
  - Proof that the limits of liability under any bonds or policies have been exhausted by payments of judgments or settlements

#### IV. Section V. GENERAL PROVISIONS

- A. The Our Right To Recovery Payments provision is replaced by the following for Uninsured Motorists Bodily Injury Coverage:
  - 1. If the damages are caused by an uninsured motor vehicle, when we make payment to or on behalf of any person, any right of that person to recover from another passes to us. Such person must
    - a. do whatever is necessary to help us exercise those rights;
    - b. do nothing after loss to prejudice those rights.

- 2. If the damages are caused by an underinsured motor vehicle, when a person has been paid by us under this Policy and also recovers from another source, the amount recovered from the other source must be held by that person in trust for us and reimbursed to us to the extent of our payment.
- B. The Suit Against Us provision is replaced by the following for Uninsured Motorists Bodily Injury Coverage:

There is no right of action against us

- until all the terms of this Policy have been met;
- unless one of the following actions are taken within two years from the date of the accident:
  - a. Suit has been filed in the proper court against the uninsured motorist.
  - b. An agreement as to the amount due under this coverage has been made.
  - c. The insured or his or her legal representative has formally started arbitration proceedings by making a written request, sent to *us* by certified mail, return receipt requested.

If a suit has been filed against the uninsured motorist, written notice of the suit must be given to us within a reasonable time after the insured knew or should have known that the motorist was uninsured. This notice will not be required to be given earlier than two years from the date of accident. Failure of the insured or his or her legal representative to provide such notice will not be a basis for a denial of coverage unless such failure prejudices our rights.

This provision does not limit a right of action resulting from bodily injury caused by an underinsured motor vehicle.

#### Instructions

The provisions of this endorsement must be attached to, incorporated in, or overprinted upon every applicable policy affording Uninsured Motorists Bodily Injury Coverage issued in accordance with the provisions of the California Low Cost Automobile Insurance Program.